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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

Grant Hall,  
Queen's University,  
Kingston, Ontario.  
March 5, 1970.







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SUR L'USAGE DES DROGUES  
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BEFORE:

Gerald LeDain	Chairman,
Ian Campbell	Member
J. Peter Stein	Member
James J. Moore	Executive Secretary
Marie-Andrée Bertrand	Member

SECRETARY TO THE CHAIRMAN

Vivian Luscombe

Grant Hall,  
Queen's University,  
Kingston, Ontario.  
March 5, 1970.

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1 THE CHAIRMAN: Ladies and  
2 gentlemen, I declare this hearing of the  
3 Commission of Inquiry into the non-medical use  
4 of drugs open.

5 This is an informal hearing, we have  
6 no scheduled submissions. We are returning this  
7 afternoon to the City Hall, at two-thirty, to  
8 hear formal submissions, but we are here at noon  
9 today to listen to you, and to try to learn from  
10 students and faculty,  
11 your impressions of non-medical drug use in  
12 Canada. We are asked to look at effect, extent  
13 and cause and we are trying to put this phenomenon  
14 in perspective and we are trying to think  
15 about what the response of Canadian society should  
16 be to it; more specifically what the federal  
17 government can do alone or with other governments,  
18 and so we are anxious to hear from as many  
19 people as possible, both from their experience  
20 and from what other particular professional  
21 insight they may have.

22 Now, we are particularly interested  
23 in your impressions of the extent and motivation  
24 and cause. We are also interested in what you  
25 think should be the general attitude towards  
26 non-medical drugs and what kind of a position  
27 we are to adopt, generally speaking, towards it.  
28 Is it all bad or are there distinctions to be  
29 made? If so, what are the distinctions, the  
30 relative distinctions? Then we are interested





1 in the role of law. What is the appropriate  
2 role for law, if any, in relation to this  
3 phenomenon? What are the limits of law here?  
4 What are the other means of social response?  
5 What is the role and how do we deal with  
6 information and education and what is the  
7 approach to treatment and other supportive  
8 services? These are the things we are  
9 interested in hearing from you, the benefit of  
10 your views. So we would like you to come  
11 forward, <sup>and</sup> / there is a microphone here, to assist  
12 us with your understanding.

13 There is always a little pause on  
14 these occasions. This is about the fifteenth or  
15 sixteenth University we have been to in Canada.  
16 There is a little pause on these occasions  
17 where someone walks out and begins.

18 We are always grateful to that  
19 person, to climb the steps and stand up there  
20 at the end of the board. We give him a lot of  
21 encouragement. I might say we give him a push,  
22 that we are really behind him all the way, or  
23 as the case may be. Who is going to be the  
24 hero in Kingston?

25 Thank you.

26 We are going to strike a medal  
27 eventually for this kind of person.

28 THE PUBLIC: Mr. Chairman, my name  
29 is Evans. I am a student at Queen's University.  
30 My area of concern is primarily the law, and its





1        classifications in the non-medical use of drugs.  
2        Basically my concern is in two areas. The first  
3        being the classification, as you very well know,  
4        the classifications go in four areas; is that not  
5        true?        The first being the opiates, cocaine  
6        and its derivatives, marijuana and synthetics of  
7        which there are some 57. Then we go into the  
8        restricted and controlled drugs, LSD, DOM, STP,  
9        a number of such, amphetamines, non-amphetamines,  
10       and so on. What I am concerned with is the  
11       fantastic discrepancy in both the sentences and the  
12       fines, between the more serious classification  
13       of opiates and marijuana and the more sophisticated  
14       chemical or synthetic drugs, the amphetamines.

15                Now, if we are to discuss the  
16       relative effects on the body and so on, and how  
17       these are classified by the users, I see there  
18       is a fantastic discrepancy between the opiates  
19       and marijuana and between marijuana and the  
20       methamphetamines or amphetamines.

21                Now, I just can't see this bizarre  
22       classification of marijuana in the same area as  
23       the opiates, cocaine and these 57 synthetics.  
24       Now I am sure that it is a common thing and  
25       you have heard it numerous times, however, I would  
26       like to be counted.

27                The other is in the area of  
28       trafficking, manufacture and so on and the  
29       Narcotics Control Act. Now, when a suspect is  
30       charged with the possession of a drug for use



1 non-medically, if there is such a quantity  
2 that the R.C.M.P. or the law agency has a doubt  
3 whether that quantity of drugs is for more than  
4 personal use, now isn't it the responsibility of  
5 the counsel of that accused to prove that he  
6 has not had it in his mind to traffick? Isn't  
7 it his duty to prove that he was in fact using it  
8 for himself? That I find a breach in common  
9 law, meaning you are innocent until you are  
10 proven guilty. Because you very well know  
11 the differences in both fines and sentences  
12 for a person who is charged with trafficking  
13 and manufacturing drugs, and for simple  
14 possession and use. That is all I have to  
15 say.

16 THE CHAIRMAN: Yes.  
17 What do you think about trafficking,  
18 present definition of trafficking? Do you  
19 see any valid distinction being made with  
20 respect to that? Have you any opinion on  
21 that?

22 THE PUBLIC: Yes. It is  
23 strange that the definition the Act uses for  
24 trafficking, that is, the sale, the transfer or  
25 offer to do any number of things. I am not  
26 sure---

27 THE CHAIRMAN: Just plain giving?

28 THE PUBLIC: Yes, giving, by  
29 offering to one which sort of looks to me like they  
30 are trying to get into someone's head to say,





1 "Well, you offered to do that". I don't see  
2 that a law agency can say that you offered to do  
3 these things. But, for example, there are a  
4 number of drugs that are legal as far as possession  
5 goes. I am thinking of mescaline, psilocybin,  
6 and the amphetamines are legal per se, to possess  
7 these things and a number of drug experts  
8 would say that we find it is no real problem  
9 in people possessing these drugs, but what they  
10 fail to consider is how are the little fellow,  
11 you know, the little people, the casual users,  
12 get their drugs, their marijuana or their  
13 amphetamines if not for some person passing  
14 it on?

15 THE CHAIRMAN: Dean Campbell?  
16 I think Dean Campbell would like to ask you a  
17 question.

18 MR. CAMPBELL: What do you feel  
19 yourself is the appropriate posture for the law  
20 to adopt with respect to these drugs?

21 THE PUBLIC: Well, first of all,  
22 marijuana, I think it demands an immediate  
23 classification. I am not sure that it should be  
24 brought down to the Food and Drug Act. I think  
25 it should be brought down further than that.  
26 To me the mushroom of growth in marijuana use  
27 and all cannabis use is certainly an indication  
28 that all of the punitive laws the federal  
29 government can make are not going to stop it,  
30 and what they are going to do is they are just





1 going to -- all of the convention these day are  
2 going to alienate the people that are using them  
3 and they are going to create disrespect for the  
4 law similar to the prohibition days in the  
5 United States. They are just going to lead  
6 people to have a general disregard for the law,  
7 and the law enforcement agencies.

8 By example, you can go around a  
9 campus today and ask 50%, I am sure, of the  
10 students, whether they like or dislike narcotic  
11 agents and most of them will sneer in your  
12 face and say, "We hate the narcotics Agents."

13 Now I don't know whether that is a  
14 good thing -- an immediate classification of  
15 cannabis and a serious look at all of the  
16 psychedelic drugs.

17 MR. CAMPBELL: The implication  
18 of what you are saying is that cannabis would  
19 remain in an illegal status?

20 THE PUBLIC: No, no, I think it  
21 should be legalized immediately, that is what  
22 I meant by reclassification. I suppose maybe  
23 a first step would be to get it out of the  
24 opiates and cocaine and the other synthetics  
25 in the Narcotic Control Act, because I see that  
26 as ridiculous and just absurd, but simply  
27 to legalize it within a transitory rate of  
28 time.

29 MR. CAMPBELL: What about acid?

30 THE PUBLIC: Acid is, I am sure,





1           a more difficult problem.       I think it has  
2           greater changes in a person's body.    I don't  
3           think I can be qualified to answer any questions  
4           on that.

5                       MR. CAMPBELL:    Let me go just a  
6           little bit further with acid with you.       There  
7           is a great deal of evidence that the  
8           distribution of acid perhaps doesn't involve  
9           as much open generosity as is involved with  
10          grass and hash.

11                      What about the question of people  
12          who do use grass and acid?       From what you say  
13          I presume you mean that at least there should  
14          be prohibition on acid and the distribution of  
15          acid?

16                      THE PUBLIC:    Right.

17                      MR. CAMPBELL:    Do you see the  
18          law drawing any distinction between the person  
19          who gives a tab of acid to someone else and the  
20          person who sells a tab of acid and the person  
21          who sells 50 tabs of acid?       What sort of a  
22          distinction, if you think there should be  
23          distinctions, what sort of distinctions?

24                      THE PUBLIC:    To answer that it  
25          would require me to make a judgment on the nature  
26          of acid in someone's head.   For example, if I were  
27          to say there was a difference between a person  
28          giving away 50 grams of cannabis or one gram,  
29          I would say there is no difference, because I  
30          feel sure of the effects of cannabis on a person's





1 body and mind. I am not sure in this case,  
2 and in LSD. If you are asking for me to  
3 differentiate between what you are terming as  
4 trafficking, that is, whether I give or sell you  
5 one tab, or 50 tabs, it is the same thing,  
6 in the terms of the Narcotic Control Act.  
7 That I find to be difficult to accept, that  
8 is, being under the Narcotics Control Act, which  
9 I accept, but I don't see that as a just version.

10 MR. CAMPBELL: What is the  
11 pattern of use of grass and hash here?

12 THE PUBLIC: The pattern being ---

13 MR. CAMPBELL: What extent,  
14 the extent and reasons for use, is it a  
15 bad phenomena, is it philosophical ---

16 THE PUBLIC: As you know,  
17 marijuana has been classified as euphoric.  
18 Oh, there are a number of terms, psychedelia.  
19 What is the term? Psychedelic drug. What it  
20 does is, you have a pleasant high and many  
21 people you ask what it is like say it is like  
22 many people enjoy the depressant qualities of  
23 alcohol. Many people enjoy the qualities of  
24 marijuana and they can draw a comparison between  
25 alcohol and marijuana, and most people who I know  
26 who have used cannabis, they make an association  
27 between alcohol and marijuana, and marijuana  
28 comes out best. It comes out one better.

29 In marijuana use you would have to  
30 say marijuana use is changing, the changing of known





1 marijuana uses, is perhaps one-five hundredths  
2 of the real marijuana uses. Marijuana use  
3 is growing, I am sure, geometrically, and I am  
4 certain over half of the college campuses and  
5 certainly a good percentage of the high school  
6 campuses.

7 MR. CAMPBELL: Do you see a  
8 change to the extent which it is used, let's  
9 say, recreational as opposed to seriously,  
10 as a searching process? Is it more  
11 recreational now than it was, say, a year ago  
12 and is it being used more seriously now?

13 THE PUBLIC: I don't think  
14 marijuana is the type of drug that one takes  
15 as you say, seriously. Some of the effects I  
16 am sure, are serious on a person's head.  
17 Perhaps he might question certain motivations  
18 and values. That is serious. But I don't  
19 think one sits down and smokes marijuana  
20 seriously, with perhaps the same sort of aura  
21 of a business that an executive would like  
22 or something, I think it is basically a  
23 recreational activity.

24 Of course, that is my personal  
25 opinion.

26 THE CHAIRMAN: The gentleman  
27 wanted to say something?

28 THE PUBLIC: Do I have to go  
29 over there or can I talk from here?

30 THE CHAIRMAN: Perhaps you can



1 speak from there.

2 THE PUBLIC: The point I was going  
3 to make was that part of the reason for the  
4 growth, in, let's say, marijuana use or abuse,  
5 is the fact that it is tied in very closely  
6 with the growth of a subculture and the fact  
7 that it is illegal, that it is an illegal  
8 drug, tends to bring that subculture closer  
9 together. It serves as a bonding point,  
10 something that you can say is in a sense,  
11 a characteristic of that subculture. It is  
12 something that they do together and this  
13 starts in the high schools and you see, for  
14 example, in Kingston, the change in the  
15 outward appearance of the high school students,  
16 who perhaps look at the college kids who are  
17 using marijuana and other drugs, and say  
18 that is sort of what I would like to be.

19 All the media, a lot of the media  
20 in Canada and the United States are directing  
21 their attention to drugs, for example, films,  
22 Easy Rider, films that are making it obvious  
23 -- making an illusion that it is building up  
24 the whole subculture that uses marijuana as  
25 sort of, in a sense, something that is racy,  
26 something that most people don't do, and it  
27 is people who have almost wanted to do something  
28 that nobody wanted to do before and this  
29 subculture has enormous appeal.

30 And the result is that in the high





1 schools -- well, in the colleges and  
2 subsequently in the high schools, there has been  
3 the formation of a subculture that uses, for  
4 a start, marijuana. And this is, I think,  
5 very much a part of the attraction of it, that in  
6 high schools, say, the people that are cool,  
7 the people that have long hair and the people  
8 who use drugs and who believe or show the  
9 outward appearances of that particular life  
10 style and that would be the reason I would say,  
11 for part of the growth of it.

12 Now, if it were legalized, I  
13 think that growth would either stay at the same  
14 level or depreciate, at least, over a period  
15 of time, and then it would resume more or less  
16 a natural, its own sort of water level.

17 Yes, that is about it.

18 THE CHAIRMAN: Why do you say  
19 that, if we legalized, the growth, there would  
20 be a change?

21 THE PUBLIC: Because part of the  
22 attraction for marijuana, I think, and a lot of  
23 other drugs, is the whole mystery surrounding  
24 the subculture and the attractiveness of it.  
25 And if it were legalized, I think to a certain  
26 extent it would become -- it would take part  
27 of the fun out of it for a lot of people.

28 THE CHAIRMAN: What is the  
29 illegality, the essence of the chief characteristic  
30 or factor of the subculture, and other factors with





1       which that subculture is associated, which  
2       would remain regardless of legality?

3                   THE PUBLIC:    I agree that they  
4       would remain, but a lot of the outward  
5       appearances of that subculture, for example,  
6       in styles, in fashion, that are all sort of  
7       harkening back to the same concept of the  
8       subculture, if it were legalized, a lot of  
9       the people who sort of either take it, or  
10      you know, look like they take it, and like to  
11      feel that they take it, and are led to feel  
12      that they are drug users or freaks or  
13      whatever, all that attraction would diminish,  
14      would be diminished by the fact of its  
15      legality.

16                   Now, this is not to say that it  
17      would be a very notable change, at least not  
18      right away   for       the people who follow trends  
19      as they come along every day.       Now this is  
20      not to say that I don't, or that certain  
21      people don't, but just the same people who  
22      follow trends, the trend now is towards the  
23      subculture and towards taking marijuana and  
24      taking stronger drugs, and this would be in a  
25      sense, be stopped, or in essence, alleviated  
26      to some extent by the legalization of it.

27                   THE CHAIRMAN:   Well, do you mean  
28      the taking of marijuana might be alleviated  
29      by the legalization, is that what you are  
30      saying?       What about the taking of other



1 drugs in the subculture? If the illegality is  
2 an attraction, does your argument possibly lead  
3 to the conclusion that marijuana might cease to  
4 be interesting and people might turn to other  
5 drugs?

6 THE PUBLIC: I think that might  
7 be a possible side effect of it, but I think  
8 once the step is made towards taking one of these  
9 other drugs, granted say, the cannabis  
10 derivatives, which I guess includes bhang and  
11 kif and grass and hash and all the other sort  
12 of things that are classified under that,

13 but I don't think it would reduce so  
14 much the use of it and as a result make the  
15 people turn to other drugs, as much as it  
16 would remove some of the attraction of it.

17 I mean the example is in the 1920's and the  
18 bootlegging. That was sort of, you know,  
19 even now, like really I don't know too much  
20 about that, but all the stories I have heard  
21 about it, are sort of stories of, you know,  
22 everything was sort of get a place to hide  
23 and they sort of went to these secret clubs.

24 THE CHAIRMAN: If /th object was  
25 to reduce the attraction of it, why should we  
26 want to legalize it? I mean, if our object  
27 is to reduce  
28 the attraction of it, you are suggesting that  
29 it should be legalized. In other words, that  
30 it should be made legal in order to discourage its





1 use; is that what your argument says?

2 THE PUBLIC: No. I might say that,  
3 but I don't mean to say that.

4 THE CHAIRMAN: No.

5 THE PUBLIC: I see what you mean.  
6 Well, I am not quite sure what you are trying to  
7 say.

8 THE CHAIRMAN: Well, when you say  
9 that it is to reduce its use, there is a  
10 suggestion that you are making some assertion  
11 as to what the object should be with respect  
12 to marijuana. What do you feel the social  
13 object should be with respect to marijuana?

14 THE PUBLIC: I think it should be  
15 to legalize it, to make it -- it would have the  
16 side effect of reducing some of the glamour  
17 of it, it would also have the effect of  
18 reducing some of the ridiculous sentences  
19 and fines. For example, in the United  
20 States, in Utah you can get arrested and there  
21 is a life sentence for trafficking in marijuana.  
22 And according to that law trafficking is having  
23 in your possession seventeen grains of  
24 marijuana, which is really not enough to get  
25 off on. So you know, that sort of ridiculous  
26 law would be eliminated, a lot of the arrests  
27 would stop, there would be a lot less feeling  
28 of, you know, everybody is a narcotics agent.

29 A lot of the paranoia would be  
30 reduced and some of the attraction of it would be



1 reduced, at least temporarily.

2 THE CHAIRMAN: Yes, there is a  
3 lady there.

4 There is a gentleman who has been  
5 waiting apparently some time at the microphone.

6 THE PUBLIC: Well sir, I would  
7 just like to bring up a point about our legal  
8 system in Canada. In Canada we have Narcotics  
9 Agents who are losing popularity every day.  
10 The thing is what I am concerned about in our  
11 society and I would more or less like to keep  
12 what I have because I feel that we have something  
13 that I feel very patriotic towards and if at the  
14 present time the laws are not changed in some  
15 way or another to reduce the note of anxiety  
16 that is being caused in the country I think that  
17 the old generation gap is going to get maybe  
18 too much for us. The thing is at the present  
19 time the youth of Canada or the youth who  
20 have knowledge of the non-medical use of  
21 drugs are, as this gentleman says, more or less  
22 banding together because in this generation  
23 they have something that they think they have  
24 over the older generation or the people who  
25 are in power, just as prohibition, not the  
26 youth and the older people, but the people who  
27 had the liquor and the people who didn't.  
28 The people who had it felt that they had  
29 something over -- now, what is happening here  
30 is that with the laws as strict as they are,





1 and with the youth assuming they have  
2 something here, the system of control that  
3 society employs, the police and all levels  
4 begin to appear as predators on the community  
5 that is being set up by these people. And  
6 so in fact what you get is drug users who  
7 look on the police as bigger enemies than  
8 enemies to Canada and to our Canadian defence  
9 security and this is something that ought to  
10 be stopped really, because there are bigger  
11 and better things for the Government of Canada  
12 to worry about than busting people who use  
13 drugs. The thing is at the present time  
14 with these people assuming that they have  
15 something here that is banding them together.  
16 At the same time they are being used by  
17 people who can supply these drugs, just as the  
18 people who wanted liquor during prohibition  
19 were used by people like Al Capone.

20 THE CHAIRMAN: What is it that  
21 the young people have on the older people?  
22 Why do you keep saying they have something  
23 over them? What is it?

24 THE PUBLIC: The thing is like there  
25 is a certain prestige that they seem to have --  
26 that they feel they have, that they can band  
27 together as drug users. The people who control  
28 the society right now are looked upon as  
29 straight arrows.

30 THE CHAIRMAN: Straight what?



1 THE PUBLIC: Straights. Straights  
2 is good enough.

3 THE CHAIRMAN: Didn't you say  
4 straight arrows?

5 THE PUBLIC: Straight arrows.

6 THE CHAIRMAN: Where are they  
7 pointed?

8 THE PUBLIC: It is not the kind of  
9 thing I am trying to get. Let's say, okay,  
10 let's look at it from government and general  
11 public point of view. The government in these  
12 terms is trying to mould a society on their  
13 own --- what they consider social norms and  
14 so people who esthetically refer to an alcohol  
15 high to a marijuana high are accepted in  
16 society and the others are rejected.

17 PROFESSOR BERTRAND: You say  
18 that actually the time of the police force  
19 which is devoted to enforce those laws against  
20 the drugs could be better used, better employed,  
21 if it were to ensure the defence of this  
22 country. What makes you think that there is  
23 no danger to Canadian society as a whole,  
24 Canadian values, in the use of drugs, in the  
25 widespread use of drugs?

26 THE PUBLIC: Well then you have to  
27 qualify it according to the type of drugs being  
28 used, and in this case I should have clarified  
29 that. I am only making the case here  
30 for natural drugs, marijuana and hash and things





1       along that line.

2                       At the present time we have a  
3       situation where we can walk into a drug store  
4       and buy cough syrup and get what some people  
5       would consider a nice high off of and glue sniffing  
6       et cetera.       That is not what I am concerned  
7       with.       What I am concerned with is  
8       government legalization and control of drugs  
9       which do not produce physically, you know,  
10      overall harmful effects.       And what I think  
11      right now is anybody who does accept drugs  
12      as they are right now are only hurting themselves  
13      in two ways:       First of all, it is illegal,  
14      which is a big one, but more importantly I think,  
15      there is no control on what kind of drugs you  
16      can get.       Some guy will sell you something  
17      and you have no idea what is in it, you have  
18      no idea as to purity, you need a researcher  
19      to go through it.       That is something the  
20      government could do for us, such as they do  
21      with beer and alcohol right now.

22                      Did I talk around it too much?  
23      Did I get off that?

24                      THE CHAIRMAN:    Yes, there is a  
25      lady there.       I am wondering if you could  
26      reach a microphone?

27                      Thank you.

28                      THE PUBLIC:       To add to what you  
29      are saying about the legalization of marijuana,  
30      I think that if marijuana was legalized,



1 perhaps hopefully the price would go down and  
2 then possibly there wouldn't be the attraction  
3 to chemicals which are much cheaper than  
4 marijuana. Added to that, secondly, I think  
5 that the education, sort of the drive towards  
6 education of young people as far as drugs are  
7 concerned, should be spread to education of older  
8 people as far as drugs are concerned.

9 I was busted for marijuana a month  
10 and a half ago. The first question my mother  
11 asked me was, "Do they think you are addicted?"  
12 Then, a week later, she asked me if I thought  
13 she should go back to taking diet pills. As  
14 far as I am concerned, I can't educate her.  
15 Well, I can't, because she gets on me as a  
16 drug user and <sup>can't</sup> see any correspondence between the  
17 use of diet pills and the use of drugs, in  
18 quotation marks, people use.

19 I taught for two years and in the  
20 second year of teaching the staff room was  
21 populated by people who used tranquilizers at  
22 noon, tranquilizers at recess, tranquilizers  
23 before school in the morning. These are older  
24 people who should be educated, I think.

25 THE CHAIRMAN: Thank you.

26 Yes, there is a gentleman there.

27 THE PUBLIC: Just going to the  
28 subculture idea and the effect of the legality  
29 of marijuana, I think when you get a heavily  
30 exploding marijuana usage, then you get people





1 driven into illegality by the nature of the laws  
2 and it develops a real credibility gap with the  
3 whole set of narcotics laws and this is what leads  
4 people on to harder drugs, the fact that  
5 marijuana is illegal, other things are illegal  
6 as a comparison. If you differentiate it  
7 more sharply I think there would be less of a  
8 progression towards marijuana or acid or  
9 other drugs and amphetamines and I think that is  
10 one of the real dangers of marijuana being  
11 illegal or being classified with the other drugs  
12 because you lose a differentiation between the  
13 two in people's minds.

14 The other point is there is a very  
15 large credibility gap between youth and government  
16 or forces of knowledge on the government side.  
17 When government presents a paper or a medical  
18 commission presents a paper on the effects of  
19 marijuana I don't think you could read it to  
20 see what the effects of marijuana, at least  
21 read it to see how close the government is coming  
22 to the truth and there is very very little  
23 belief in this facet for anybody who has  
24 tried it, it tends to lead to a lack of  
25 belief where there is real evidence, it says.  
26 You may say amphetamines can be dangerous.  
27 and marijuana is addictive and all of a sudden  
28 you have lost both statements because people  
29 know one isn't true, the other is true and  
30 there should be a differentiation for those reasons.



1                                   That's all.

2                                   THE CHAIRMAN:    Thank you.

3                                   Excuse me.    Gentleman at the  
4                                   microphone?

5                                   THE PUBLIC:    You asked earlier what  
6                                   should be the aim of the law  
7                                   what should we be trying to arrive at in talking  
8                                   about these things.    When you could get some  
9                                   taxes about it, but that of course is not our  
10                                  main interest.    Actually someone mentioned the  
11                                  price of marijuana would drop.    I doubt that.  
12                                  Your interest should be to it that you do not  
13                                  lose citizens so that we have four classes of  
14                                  drugs. On the question of the opiates, I think  
15                                  the law should be made essentially the same  
16                                  because you do lose citizens.    They die.  
17                                  And an opium addict is twenty-four, but that is  
18                                  not a necessary thing.    They do leave society.

19                                  Anyway, LSD is also dangerous.  
20                                  I have some experience with that drug.    I would  
21                                  be willing to give it up -- well, I have, but  
22                                  I do not think it is necessary.    It is dangerous.  
23                                  I have met people who have tried to do very  
24                                  bad things with it.    Marijuana is very different  
25                                  in that there are no people that I know of who  
26                                  go through bad experiences with it.    It could  
27                                  be made legal without losing anyone to society  
28                                  or the productivity of the person and therefore  
29                                  I don't see the continuation of it as a  
30                                  narcotic drug and I think these three things





1 one does lose citizens, one might and one doesn't,  
2 and they should be differentiated.

3 THE CHAIRMAN: Excuse me, Professor  
4 Bertrand would like to ask you a question.

5 PROFESSOR BERTRAND: When you  
6 say with marijuana people do not use the other  
7 drugs. Are you speaking of colleagues or friends  
8 that you know, whom you have observed? Can  
9 you relay this or give us some idea of what  
10 evidence you have in this regard?

11 THE PUBLIC: There are people  
12 at University, who are what you might call  
13 hippy, and because these drugs are easy to get,  
14 they have tried marijuana and they want to use  
15 it and they happen to know someone who has  
16 dropped out, who is an engineering student,  
17 who runs the society, he is a servant and there  
18 are a number of them that use it.

19 PROFESSOR BERTRAND: Would the mere  
20 fact of dropping out be ---

21 THE PUBLIC: It is possible to  
22 function in society while being a psychological  
23 addict to marijuana. I should imagine a number  
24 of people would feel that way about it.  
25 Myself, about once a month, I feel I need some  
26 time off that I can't afford in my social  
27 life occasionally to use marijuana.

28 THE PUBLIC: I would like to speak  
29 on this last gentleman's point about the opiates  
30 and I would like to ask the Commission in their



1 experience whether they feel the effects of  
2 opiates and cocaine drugs, the effects on the  
3 individual are a danger to society or the  
4 implications of that drug use, those implications  
5 being that coca and opiate drugs are  
6 extremely expensive and therefore require either  
7 large and independent means of support or  
8 criminal activities which are the dangers as  
9 you see that.

10 THE CHAIRMAN: We can't express  
11 our opinion of it at this moment. We are going  
12 to try to come clean with the Canadian people  
13 shortly in the sense of disclosing some of our  
14 assumptions, but we just can't do it at this  
15 point.

16 THE PUBLIC: Then I wonder if  
17 perhaps I could express my opinion?

18 THE CHAIRMAN: Good.

19 THE PUBLIC: I doubt the sincerity  
20 of our government organizations in saying  
21 that we sincerely believe, and I am trying to  
22 become the government. "We sincerely believe  
23 that you opium addicts are harming yourself,  
24 therefore we will heteroneously decide that  
25 you won't use opiate drugs, therefore you will  
26 be better off and we will be better off." I am  
27 saying that the federal government is saying  
28 opiate drugs are expensive, therefore if you  
29 don't have an independent means of support, you  
30 are going to have to prostitute yourself, you are





1 going to have to steal, you are going to have  
2 to engage in the trafficking of these drugs  
3 to support your habit, which on the average  
4 ranges from twenty to seventy-five dollars per  
5 day in the studies I have read. I am saying  
6 this is what the government is afraid of,  
7 this is where the fear of the federal government  
8 is coming from, and that the way to alleviate  
9 that problem is to not put these drugs in the  
10 restricted -- in a restricted category -- but  
11 under a similar category as the U.K. system  
12 has now, that is, where they are controlled by  
13 the medical profession and not by law makers.

14 THE CHAIRMAN: Yes? Could you  
15 get to the microphone?

16 THE PUBLIC: Yes. Sure. The  
17 point I would like to make is just that I think  
18 the Commission, you gentlemen and ladies, and to  
19 you, the government would be doing a considerable  
20 service in publishing a report about the actual  
21 effects of these various drugs.

22 Very few people know first of all,  
23 know what the make up of a lot of these drugs  
24 are, particularly the chemical drugs, and  
25 secondly, very few people know what the actual  
26 effects of these are. There are lots of  
27 stories about it, which go back to people  
28 like Voltaire who have written about the effects  
29 of these drugs and particularly mescaline and of  
30 the actual effects of these on, for example, an



1 average person, you can't take into account the  
2 effects of anything, someone who is more than  
3 average psychologically disturbed. The  
4 effects of these drugs on an average person  
5 could be made out in the report sticking strictly  
6 to facts and not pointing at the other bias  
7 that it is bad or good, then a lot of people  
8 who rather contemplate the use of it will go  
9 to an extent what the various effects of these  
10 are, and I think this would be one of the  
11 most valuable things that the Commission or the  
12 government could do. I think the government  
13 has a very definite moral obligation to do this  
14 in the light of all the drug use that is going  
15 on and I believe there is a lot of drug abuse.

16 One kind of problem is with  
17 organized gangs in Toronto who are speed freaks  
18 or addicted to speed and who are criminals,  
19 who are organized and they go around and beat  
20 people up, they take money, they rob  
21 apartments and this is the sort of gang  
22 organization that you sort of relate to something  
23 like the Hell's Angels or Satan's Choice or  
24 something, or the Mafia. And these are drug  
25 users and I think if the government got  
26 some of the method around this, all of the  
27 method around it from the effects of these  
28 drugs, they would be doing a great service.

29 THE CHAIRMAN: We are required  
30 to report on the medical knowledge as to the





1 effects and we are going to try to do that  
2 to the best of our ability. And the second  
3 thing, what do you understand by drug abuse?  
4 What is your idea of when it is abuse?

5 THE PUBLIC: I think drug abuse  
6 is that point of using a drug to the same  
7 extent of using anything, be it alcohol or  
8 more everyday things. Anyway, everyday  
9 things where it becomes your life is centered  
10 around the use of these particular drugs and  
11 you overuse them to the extent you suffer from  
12 it mentally and physically -- mentally and  
13 more physically.

14 THE CHAIRMAN: In your feeling  
15 today, is there any of these drugs which cannot  
16 be used except with abuse?

17 THE PUBLIC: In the frame of  
18 reference of this, say, the average person  
19 in Canada for example, who I would say is  
20 emotionally stable, and I may be completely  
21 wrong, but let's say he is emotionally and  
22 psychologically stable, I don't think that  
23 marijuana results in, let's say, 99 of a hundred  
24 cases in abuse. There are cases where there is  
25 abuse and there is abuse in the sense that  
26 marijuana can lead to other drugs. It is  
27 one step more. You conquer the fear of taking  
28 marijuana and the next step is the fear of  
29 chemicals and the next step of that is, for  
30 example, the fear of a needle, of shooting drugs.



1                               That would be my opinion of what  
2       abuse is.

3                               THE CHAIRMAN:    I want to understand  
4       your idea well.     Abuse, if I understood you,  
5       is the use that causes harm?

6                               THE PUBLIC:     Any overuse that  
7       causes harm.

8                               THE CHAIRMAN:     Any use that would  
9       cause harm.                               I don't want to  
10      put words in your mouth, but that is what I  
11      understood you to say is harm.

12                              THE PUBLIC:     The inference of the  
13      word "use" is overuse, it is abuse.     Taking this  
14      drug ---

15                              THE CHAIRMAN:    Supposing there can't  
16      be any use without some harm, would you call  
17      that abuse?

18                              THE PUBLIC:     If there can't be any  
19      use without harm?

20                              THE CHAIRMAN:    Supposing there can't  
21      be any use of any drug without some harm, that is  
22      a particular drug, then you would call that abuse?

23                              THE PUBLIC:     I would.

24                              THE CHAIRMAN:     Yes.     Because what  
25      I wanted to get at is the harm, as I understand,  
26      is your criteria and not necessarily any particular  
27      amount of use.

28                              THE PUBLIC:     I think they are  
29      related.   Like smoking cigarettes I think is bad.  
30      If you smoke one cigarette that is not going to do



1 much harm, but if you smoke a package of  
2 cigarettes it is going to do quite a lot of  
3 harm and it has implication and I think  
4 it has a close parallel to some of the harder  
5 drugs. Like one or two smokes won't hurt  
6 you, but constant use can result in harm.

7 THE PUBLIC: The thing is when  
8 you are talking about abuse, I think you are  
9 talking about -- I don't know, to me abuse is  
10 when someone is taking a drug and they don't  
11 really want to, in a sense that they don't, you  
12 know, consciously desire to take it for ---

13 THE CHAIRMAN: Compulsive use.

14 THE PUBLIC: For recreation.  
15 We were talking earlier about recreation or  
16 psychological reasons. That's right, it is  
17 compulsive. And to me I would say that, well,  
18 to me it is a duty of the government to  
19 hide the gun. Again, I am talking about  
20 people of the Mafia who are trafficking in heroin  
21 and what-have-you, because these things are  
22 definitely bad. You know, there is no doubt  
23 in my mind about heroin, for instance, that  
24 it is bad, it is destructive to the individual,  
25 it kills you, slowly, but surely. It kills  
26 you, and the way I look at it is the government  
27 has got so much time and so many men, right,  
28 to fight or to combat the certain problem that  
29 face the country and I would say that it is  
30 more important to fight organized crime.





1 Organized crime is a serious problem. I would  
2 say organized crime is <sup>a</sup> more serious problem for  
3 the government to fight than the little drug  
4 user on Queen's University campus.

5 And well, that's just how I feel  
6 about it.

7 THE PUBLIC: I would like to talk  
8 about marijuana only. I just want to warn the  
9 people here not to pin your hopes on this  
10 Commission. I am not questioning the bona fides  
11 of the Commission or the Federal Government in  
12 setting it up. It is just that even if this  
13 Commission just recommends the legalization of  
14 marijuana it will never happen unless the  
15 Americans put up with it.

16 Thank you.

17 MR. CAMPBELL: I would like to  
18 question you. What is your reason for assuming  
19 this particular level of pro Canadian policy  
20 by the Government of the United States?

21 THE PUBLIC: The commerce between  
22 the United States and Canada is so great that  
23 in order to -- well, first of all, in order to  
24 keep marijuana out of the United States they  
25 would have to close the border down and there are  
26 too many people in Canada who have too much to  
27 lose if they do that. Does that answer your  
28 question?

29 MR. CAMPBELL: Yes.

30 THE PUBLIC: I have been listening



1 to most of the things that have been said,  
2 and I have read most of everything I could get  
3 my hands on, and I feel that I have something to  
4 say about the problem. I think that all the  
5 things that have been talked about here are  
6 important, but somehow I don't feel that  
7 we are approaching the problem in the right  
8 direction. I think it is important for this  
9 Commission to look into the history behind the  
10 use of the drugs, especially the one that is  
11 mentioned here.

12 I think it is also important  
13 that the differences between organic substances  
14 and the synthetic substances are studied and  
15 those differences be kept in mind in talking  
16 about those particular substances because it is  
17 very important.

18 THE CHAIRMAN: May I just stop  
19 you. Another gentleman spoke about -- used the  
20 words " synthetic chemical drugs". What  
21 importance do you attach to the significance  
22 of organic chemical drugs?

23 THE PUBLIC: Synthetic chemical  
24 drugs are drugs that are made up in a laboratory,  
25 or drugs which can be made up with certain  
26 elements. In order to give you a proper  
27 analysis of that, I guess I would have to be a  
28 chemist. Organic drugs to me are drugs  
29 which you can grow from a seed, drugs such as  
30 grass and the drugs that are acquired from grass,





1 hashish, et cetera.

2 THE CHAIRMAN: What I was wondering  
3 is that is this truly a result of knowledge or  
4 assumptions concerning the difference of the  
5 effects of the two, or is there some kind of a  
6 feeling that favours the natural organic product  
7 as a kind of prejudice in favour of the natural  
8 and against the chemical, and is there some kind  
9 of a cultural judgment that can be made on the  
10 organic versus the chemical?

11 THE PUBLIC: There are many  
12 differences. I think probably one of the main  
13 things is the fact, the simple fact that organic  
14 substances such as marijuana are, in effect,  
15 a mild sedative, a drug which affects many  
16 different things in the body, but nevertheless  
17 is mild. And proof of that is simply in the  
18 fact that a person can be very high on an  
19 organic substance and it would be very very  
20 difficult for, say, you to tell that in talking  
21 to the person by most, you know, you would  
22 probably have to have a fair medical examination and  
23 blood tests.

24 The synthetic chemicals are  
25 considerably stronger than the effects of  
26 marijuana. Judging from the things that most  
27 people go by on the street, depending once again  
28 on the amount, it would last only for ten hours,  
29 whereas good LSD should last eighteen to twenty-  
30 four hours. So the main thing that I point out



1       there is the point is much, much stronger  
2       than the other, but the high is considered to  
3       be relevant to explain what would be a loss.

4                   At any rate, can I return to the  
5       point, since there are a few?

6                   THE CHAIRMAN: <sup>Yes</sup> Yes.

7                   THE PUBLIC:     I mentioned history.  
8       I think it is important for people to realize  
9       that marijuana, the organic drugs, peyote,  
10      have been around for many years.     I have a  
11      book at home which gives --- out of all of the  
12      things it gives the best report and analysis,  
13      both the social, economic and medical breakdown  
14      that I have yet to read.     The book was  
15      written by a Canadian, it is called the  
16      Chemistry of Common Life and I don't know  
17      the author at the moment, but it is a very  
18      interesting book and proves that there shouldn't  
19      be great concern, because it has obviously  
20      been around for a long time.

21                   Anyway the history factor that  
22      I want to get around to is the factor that the  
23      last two or three years, the American and Mexican  
24      government, Canadian government have clamped  
25      down on the flow of these organic substances.  
26      I think that is obvious simply by reading the  
27      newspaper.     I think that the effect that that  
28      has had is that the people who would normally  
29      use organic substances such as grass, found that  
30      their pushers were not able to get it and found



1       that the only thing available was synthetic  
2       drugs and since the pusher had a hard time  
3       getting enough to live, the use of these  
4       synthetic drugs became his means of making  
5       money.

6               So it is important to see that since  
7       the clamp down on the amount of organics have  
8       started, the rate or the amounts of synthetic  
9       drugs that were being used, started to skyrocket.

10              The reason why I want to make  
11       that statement very very clear, is that because  
12       I believe that grass is a mild drug which to all  
13       the knowledge that I have had, and all the  
14       articles that I have read, does not do anyone  
15       any harm and it is the synthetic drugs with all  
16       the impurities that are involved in it because  
17       they are not made up in conditions -- they are  
18       not made up in proper laboratories, they are  
19       made up in basements and bathrooms and it is  
20       all these impurities in these chemicals which  
21       cause physical side effects and also a certain  
22       amount of psychological side effects that  
23       put people on what is usually considered as a  
24       "bummer" and it is to these people that this  
25       problem has become open, more open, and it is to  
26       these people that the problem has become public.

27              In reading this thing that you  
28       have here (b) you say "To report on the current  
29       state of medical knowledge respecting the effect  
30       of the drugs and substances referred to in (a)."





1 You will probably find that there is lots of  
2 medical knowledge around both in quantity reports  
3 and people who have done research, but  
4 nevertheless none of it has, seems to find  
5 out exactly what is in those chemicals and  
6 why those chemicals affect the body. I think  
7 you would be at a loss to find the function  
8 if this Commission should be to put pressure  
9 on the -- not only this Committee but everyone  
10 in this room, and to put pressure on the  
11 government to do some research and to make  
12 that research going public to involve you  
13 people in that research, to have that research  
14 extended to several communities across Canada  
15 and to design the research to finding the exact  
16 medical effects of the organic and the synthetic  
17 drugs and to make sure of the effect in that  
18 category.

19 I have heard many people talk  
20 about the kinds of high they were getting here  
21 and I have heard many people talk about the  
22 reasons why people use drugs. Recreational,  
23 physical, psychological, social -- there are  
24 all sorts of basic reasons and I think it is  
25 important for this Committee to not spend so  
26 much time studying everybody's individual  
27 trip and study instead the basic overall  
28 problem.

29 THE CHAIRMAN: What is that?

30 THE PUBLIC: The basic overall



problem is the fact/<sup>that</sup>the more the organic chemicals are stopped from coming from across the border it creates the influx of the use of chemicals which is bad.

I think that there was a point and unfortunately it slipped my mind and I can't remember it, so I will have to leave that point.

MR. CAMPBELL: Let me clarify this first. I understood you to say that increases the use of cannabis, which is bad?

THE PUBLIC: Yes.

MR. CAMPBELL: I think you said  
your intent was chemicals?

THE PUBLIC: Yes, synthetic substances.

THE PUBLIC: A lot of people feel that it is the addictive factor that is causing a lot of drugs to be used in this society. I think that it is pretty well proven that marijuana is addictive in the sense that it can be psychologically addictive and not that it is physically addictive. I think it should be made clear that psychological addiction is a thing that this society thrives on, that's why we sell cars and houses and building lots and psychological addiction is not something -- it is something that should be dealt on the subject, distinguished between physical addiction and that should be clear.





1 I am psychologically addicted to my dogs.

2 It also says here that you want  
3 to look into the social factors and the age  
4 groups and the problems of communication.

5 I think that you should probably  
6 treat the whole problem as a symptom, not only  
7 the drug problem, but the problems of violence,  
8 the problems with destructions, throughout the  
9 nation and the universities and everything else,  
10 and to treat those things as the symptoms  
11 of the society and that is a whole other thing  
12 that will take a lot more than six people.

13 THE CHAIRMAN: Why do you say  
14 it is sick?

15 THE PUBLIC: I say it is sick  
16 because society does not make the country a better  
17 place to live and not making people individually  
18 strong and making it a good thing for everybody  
19 to have all sorts of possessions and not  
20 directing the brains -- not directing the people  
21 to control their own destinies, not trying to  
22 make democracy a more real thing, not trying  
23 to make people understand themselves and understand  
24 the reasons why their reactions are as they are.

25 To me it is basically a sick  
26 society.

27 THE CHAIRMAN: Do you know of any  
28 healthier ones?

29 THE PUBLIC: No, I don't, but  
30 just because there isn't another one that happens



1 to be healthier doesn't mean that this one  
2 should be accepted for what it is . That is not  
3 the point I want to make anyway, because that  
4 is a point that I can't find.

5 THE CHAIRMAN: I wanted to find  
6 out what your fund of reference was?

7 THE PUBLIC: My fund of reference  
8 is the war in Viet Nam, my fund of reference  
9 is the number of people who are killed in  
10 violence, and my fund of reference is the amount  
11 of people who are living in downtown Kingston  
12 where I wouldn't expect to leave my dog overnight.

13 The sickness is in our government  
14 when I see people getting twenty, thirty thousand  
15 dollars to do a job which does not require any  
16 brains whatsoever. It makes me sick to see  
17 people have their taxes -- take for instance  
18 this rental rebate thing  
19 which is the worst thing I have seen in years.  
20 The government takes the money from you and says,  
21 "Okay, we are going to give it back because we  
22 are good people." They turn around and  
23 take it back, take a chunk out so they can  
24 process this whole mess and once you get it back  
25 the cities are still in terrible shape when it  
26 comes to taxes.

27 You know, there is just too many  
28 things that are unequal in this country. There  
29 is too much discrimination, there is too much  
30 sickness.



1 THE CHAIRMAN: Well, why is there  
2 this response then to use drugs? These are  
3 social problems you mentioned that have to be  
4 attacked.

5 THE PUBLIC: Social, political  
6 and economical.

7 THE CHAIRMAN: How does the drug  
8 use, how is that a response to this?

9 THE PUBLIC: I think that the  
10 basic person or a person who comes to our  
11 educational system, enters into our economic  
12 system taking a drug and working at, you know,  
13 eight to four, doing things that are supposed to  
14 be good things in the society, and becoming an  
15 individual people and basing his whole life  
16 around his one small unit which is the family  
17 unit and not spending more time becoming aware  
18 of his senses that he has and not becoming  
19 aware<sup>of</sup>/the people around him, not becoming aware  
20 of levels or degrees of communications.

21 I think that this Commission  
22 should recommend in my mind, should recommend  
23 centres be set up throughout communities to deal  
24 with problems of young people, not only problems  
25 with drugs, the problems which relate to young  
26 people, legal hassles, birth control, the  
27 drugs, what does a person do when he is having  
28 a hard time with drugs, who can he go to.  
29 He can't go to a hospital here, they don't know  
30 how to treat them, there are no centres here,





1       there are no centres anywhere.       The centres in  
2       Toronto where there is some experience, but those  
3       centres, for instance, the Trailer in Toronto,  
4       which one of the main things was to get  
5       drugs analysed off the street and publish those  
6       results, so that people, if they were going to  
7       take drugs they would at least have a chance  
8       of getting something which really wasn't going  
9       to physically screw their bodies up.

10               But even that service was cut  
11       off.       They are not allowed at this point to  
12       analyse drugs and to put the results of those  
13       tests out on the street.       I think it is  
14       important that we realize that the synthetic  
15       drugs are the drugs that are causing the  
16       problems and that those things have to be  
17       attacked immediately.

18               I think another thing that this  
19       Commission should recommend is an education  
20       project.       I hate the word "educate" and I hate  
21       the idea, but I have to use that to talk to  
22       you people about   an education project based  
23       and designed on informing the public and young  
24       people as to what are in drugs, what their  
25       effects are, what to do if you are having a  
26       hard time on drugs.       Like the point I guess  
27       I am trying to make here is there is nothing  
28       around at the moment that I would recommend anyone  
29       to read about drugs in the form of a pamphlet,  
30       in the form of a small booklet or in the form of



1 a film. I have yet to see anything that  
2 even comes close to the problem. And once  
3 again I emphasise the fact that research is  
4 going to have to be done and this research is  
5 going to have to be very thorough and very quick.

6 THE CHAIRMAN: Well, what process  
7 can be developed which would assure that the  
8 acceptance of the information by you and  
9 others who feel this way? Who is to be the  
10 judge of whether the information is reliable  
11 and considerable for drug education purposes?

12 Excuse me, I should have asked  
13 you to do that long ago.

14 You know, we have run into this  
15 problem all across the country, I call it the  
16 problem of implicating information. Now, at  
17 some point we have got to try to come to some  
18 agreement, that we have found some information  
19 that should be accepted, that is reliable enough,  
20 necessarily helpful. How are we to develop  
21 this process of educating? How are we to  
22 close this credibility gap that they call  
23 on every time.

24 Unfortunately,  
25 THE PUBLIC: /I can't say, well,  
26 this is the way to do it, but I  
27 can say that the first steps are the things  
28 that I outlined here, that basic research has  
29 to be done, that an education project has to  
30 be done, and that centres have to be set up  
throughout the communities to deal with the drug



1 problem and other problems which confront  
2 young people today. I think that if we look  
3 at, you know, the things around us and we look  
4 at how many of them are directed towards youth,  
5 and that includes things like the voting age  
6 which is ridiculous, it should be eighteen,  
7 the amount of organizations that deal with  
8 young people that are comprised of older  
9 people who feel that they are capable of bridging  
10 the communications gap, which they themselves  
11 have to have that.

12 I think it is important that in all  
13 these processes, and in this community  
14 particularly, recommend that these things that  
15 are done involve a group of young people not  
16 only to help give anything that is done  
17 credibility, but to also allow for ideas  
18 that may come from young people.

19 Like I think -- now this is  
20 simplified that all you people on this Committee  
21 are, you know, adults as such, and I think  
22 that has a drastic effect on the amount of  
23 people that are standing up and talking.

24 THE CHAIRMAN: Thank you.

25 THE PUBLIC: There is one other  
26 point I would like to make, and I think before  
27 you were talking about the psychological  
28 attraction. Correct me if I am wrong ---  
29 natural organic drugs. I would say that  
30 perhaps a good way to start the legalization





1 of drugs would be to make organic drugs  
2 legal. That would be, I would say, fairly  
3 difficult, because a lot of organic drugs are  
4 being cut with other kinds of drugs that are  
5 chemical drugs, but as far as I know --  
6 for example, take the Navajo Indians. Like I  
7 spent a year with the Navajo Indians and  
8 their whole society has been taking organic  
9 drugs such as mescaline, peyote for thousands  
10 of years and as far as I could see from my  
11 own observations there has been no effects  
12 on either the course of their culture  
13 or their relationships with other people.  
14 They use it as a celebration and it is a drug  
15 that is used for a celebration, the same as  
16 when you go to a party, you have a drink.

17 I think maybe instead of  
18 differentiating between marijuana and the other  
19 drugs in terms of legalization, it would be  
20 easier to, say, legalize the organic drugs  
21 which include mescaline, organic mescaline  
22 and peyote and hashish and marijuana.

23 The second thing is in terms of  
24 discussion -- I think we are convinced now  
25 that either it should be legalized or if some  
26 other group would say (inaudible)  
27 and I don't think we are going to make some  
28 changes about this in talking about it.  
29 You say you can't express any opinions as a  
30 Committee or as individuals until you release



1 your report. Let's say I were to ask you  
2 what you think we should do in the way of  
3 setting the law processes, the process of the  
4 law into motion in either legalizing or  
5 against it. Say we were going to do that,  
6 how do you suggest or do you have any ideas  
7 how we would go about starting this process  
8 and what kind of laws we could set up and what  
9 kind of reaction?

10 THE CHAIRMAN: Well, we can't  
11 give you any such advice of course. I guess  
12 you knew that ---

13 THE PUBLIC: Yes.

14 THE CHAIRMAN: --- when you  
15 asked the question. So we have got our  
16 task prepared, but of course we are just one  
17 aspect of the whole scene. You are well  
18 aware of that. If the process goes on, it  
19 is going to be a continuing process. I think  
20 it is important to make that point.

21 So that I think we must adjourn  
22 now and return to City Hall. We are scheduled  
23 to be there at two-thirty and I want to thank  
24 you all for your reception of us here. You have  
25 been very helpful to us.

26 Thank you.

27 ---Upon adjourning at 2:25 p.m.

28 -----  
29  
30









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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION'S REPORT  
FOR 1970-71  
A ONE TIME NON-MEDICAL

March 1, 1970  
City Hall  
Winnipeg, Ontario



COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS  
  
COMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
Marie-Andree Bertrand,	Member,
James J. Moore,	Executive Secretary,
J. Peter Stein,	Member.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

March 5, 1970  
City Hall  
KINGSTON, Ontario



1 --- Upon commencing at 9:35 A.M.

2  
3 THE CHAIRMAN: Ladies and gentlemen,  
4 I call this hearing of the Commission of Inquiry  
5 into the Non-Medical Use of Drugs to order.

6 I should like to introduce the  
7 members of the Commission and our staff who are here  
8 today.

9 On my far right, Dean Ian Campbell  
10 of Montreal; on my immediate right, Mr. James Moore,  
11 Executive Secretary of the Commission; I am Gerald  
12 LeDain; on my left, Professor Marie-Andree Bertrand  
13 of Montreal; and on Miss Bertrand's left, Mr. J.  
14 Peter Stein of Vancouver.

15 I regret that Dr. Heinz Lehmann,  
16 another member of the Commission, is unable to be  
17 here today.

18 I should like to open this  
19 hearing, by reading a statement concerning the  
20 background of the Commission's appointment, to give  
21 you some idea of the way it interprets its task.

22 The Commission of Inquiry into  
23 the Non-Medical Use of Drugs was appointed by the  
24 federal government on May 29 th last year, upon  
25 the recommendation of the Hon. John Munro, Minister  
26 of National Health and Welfare.

27 The Commission has an independent  
28 status under Part 1 of the Inquiries Act.

29 The concern which gave rise to  
30 the appointment of the Commission is described in





Order in Council P.C. 1969-1112, which authorized the appointment in the following words:

"...there is growing concern in Canada about the non-medical use of certain drugs and substances, particularly those having sedative, stimulant, tranquilizing or hallucinogenic properties, and the effect of such use on the individual and the social implications thereof:

...within recent years, there has developed also the practice of inhaling of the fumes of certain solvents having an hallucinogenic effect, and resulting in serious physical damage and a number of deaths, such solvents being found in certain household substances. Despite warnings and considerable publicity, this practice has developed among young people and can be said to be related to the use of drugs for other than medical purposes; ...certain of these drugs and substances, including lysergic acid diethylamide, LSD, methamphetamines, commonly referred to as "speed" and certain others, have been made the subject of controlling or prohibiting legislation under the Food and Drugs Act, and cannabis, marijuana, has been a substance, the possession of or trafficking in which has been prohibited under the Narcotic Control Act;



1 ...notwithstanding these measures and the  
2 competent enforcement thereof by the R.C.M.  
3 Police and other enforcement bodies, the  
4 incidents of possession and use of these  
5 substances for non-medical purposes, has  
6 increased and the need for an investigation  
7 as to the cause of such increasing use has  
8 become imperative."

9 In announcing the Commission's  
10 appointment, the Minister of National Health and  
11 Welfare spoke of the "grave concern" felt by the  
12 government at the expanding proportions of the use  
13 of drugs and related substances for non-medical  
14 purposes."

15 The terms of reference defining  
16 the Commission's inquiry into the non-medical use  
17 of psychotropic drugs and substances mention sedatives,  
18 stimulants, tranquilizers and hallucinogens.

19 For the present, the Commission  
20 understands "drug" to mean any substance which  
21 chemically alters structure or function in the  
22 living organism, and "psychotropic" drugs as those  
23 which alter sensation, feeling, consciousness and  
24 psychological or behavioural functions. The  
25 Commission has tentatively defined "medical use"  
26 in terms of generally accepted medical practice --  
27 under medical supervision or not. All other use  
28 is "non-medical use".

29 By itself, a prescription does  
30



1 not distinguish medical from non-medical use. A  
2 non-prescription drug like aspirin may be taken for  
3 medical use. Or a prescription drug may be taken  
4 for generally accepted medical reasons, then no  
5 longer required.

6 The Commission is invited by  
7 its terms of reference to "marshal...the present  
8 fund of knowledge concerning the non-medical use of  
9 sedative, stimulant, tranquilizing, hallucinogenic  
10 and other psychotropic drugs or substances."

11 But since an interim report is  
12 expected early this year, and a final report within  
13 two years, the Commission will have to be selective.

14 It must consider what appear to  
15 be the principal issues which led to its appointment.

16 The Commission has the initial  
17 impression that its primary focus must be on the  
18 non-medical use of drugs by the young and by adults  
19 as it relates to or affects the use of drugs by  
20 youth.

21 The Commission has drawn up a  
22 preliminary classification of psychoactive drugs,  
23 which falls into the following eight categories:  
24 hypnotics-sedatives, stimulants; psychedelic-  
25 hallucinogenics; opiates-narcotics; volatile  
26 solvents and gases; analgesics (non-narcotic  
27 painkillers); clinical anti-depressants; and major  
28 tranquilizers.

29 The Commission sees its primary  
30 emphasis on the following categories:





1                                1. The psychedelic-hallucinogenic,  
2                                which includes cannabis (marijuana and hashish), LSD  
3                                and mescaline and the other "restricted drugs" placed  
4                                under the new schedule J of the Food and Drugs Act:  
5                                DMT, STP (DOM) and DET;

6                                2. The stimulants, including  
7                                such amphetamines as benzadrine and methadrine --  
8                                generally referred to as "speed";

9                                3. The volatile solvents and  
10                                gases -- often referred to as "delirients", such as  
11                                glue, nailpolish remover, and paint thinner;

12                                4. The sedative-hypnotics, such  
13                                as the barbiturates (used as sleeping pills), the  
14                                minor tranquilizers, and ethyl alcohol;

15                                5. The opiate-narcotics, such  
16                                as heroin.

17                                Alcohol and nicotine are clearly  
18                                mood-modifying drugs used for non-medical reasons  
19                                and therefore within the terms of reference. However,  
20                                the Commission could not possibly perform its task  
21                                if it were required to consider the extensive research  
22                                carried out on these substances. A realistic view  
23                                compels the Commission to regard the non-medical  
24                                use of alcohol and nicotine in their relation to  
25                                the non-medical use of other psychotropic drugs.  
26                                This is also the Commission's position, at least  
27                                initially, on the non-medical use of the opiate-narcotic  
28                                such as heroin.

29                                These so-called "hard drugs" are  
30                                not excluded from the terms of reference, because they



1 do have psychotropic properties. But as with alcohol  
2 and nicotine, the Commission cannot hope to do justice  
3 to the extensive literature on this subject. The  
4 "hard drugs" are therefore to be examined in their  
5 possible relationship to the non-medical use of the  
6 "soft drugs."

7 Two contentions brought to the  
8 Commission's attention may illustrate what is  
9 meant by "relationship" to the non-medical use of  
10 soft drugs.

11 The first contention is that  
12 extensive social use of alcohol not only creates a  
13 permissive climate of drug use, but also reflects  
14 a provocative injustice and even hypocrisy in our  
15 legislative and law enforcement attitudes. The  
16 second contention is that the use of certain soft  
17 drugs like cannabis (marijuana) leads very often,  
18 if not generally, to hard drug addiction.

19 What are the issues in this  
20 inquiry? The Commission must investigate the  
21 extent of the non-medical use of mood-modifying  
22 drugs in Canada. That means the pattern of drug  
23 use; the drugs and various groups or populations  
24 involved, according to age, occupation, etc., the  
25 movement from one drug to another.

26 The Commission must investigate  
27 physical and psychological effects of these drugs,  
28 effects on behaviour of the individual concerned,  
29 effects on others, and effects on society. Finally,  
30 and by no means least important, the Commission must



1 investigate the reasons for the non-medical use of  
2 drugs -- not only the personal reasons or motivation,  
3 but the social, educational, economic, philosophic  
4 and other reasons. In other words, what is the  
5 meaning or larger significance of this phenomenon?  
6 What is the true nature of the challenge it presents  
7 to our civilization?

8 We have accepted a very difficult  
9 task and we need your help. It is imperative that  
10 we have the views of as many Canadians as possible.  
11 This is not solely a technical question for experts;  
12 it is a broad social issue, going to the very nature  
13 of human existence in our time. It is a question  
14 to which everyone can contribute a measure of  
15 insight and wisdom.

16 So I should like to say just a  
17 few words about the nature of our hearing, and the  
18 way we proceed. We are, as I have said, interested  
19 to hear the views of as many Canadians as possible,  
20 and for that purpose we have an informal atmosphere  
21 in our hearings so that people who attend feel free  
22 to speak with each other.

23 We have a number of scheduled  
24 submissions; we hear a brief; we ask the people  
25 making those submissions if they would be good  
26 enough to be seated at the table here with the  
27 microphones, and then there would be an opportunity  
28 for questions and comments, from members of the  
29 Commission, and also from others who are present today.

30 There are microphones placed here





1 for that purpose, and everyone should feel free to  
2 come to the microphones with their views.

3 Now in these public hearings, we  
4 do not seek the details of personal experience. We  
5 do not wish that anyone should identify themselves;  
6 neither identify yourself or your experience. We  
7 are interested in understanding this, and getting  
8 a sound, general impression of this phenomenon. We  
9 do, however, hear witnesses privately, if they desire  
10 that, and we are empowered to withhold their  
11 identity, to take evidence anonymously, and we also  
12 receive a lot of submissions, anonymous submissions  
13 through the mail.

14 I will call then upon Dr. Robert  
15 Briggs, Assistant Professor in the Department of  
16 Psychiatry at Queen's University. If Dr. Briggs  
17 would be good enough to be seated at that table?

18 Dr. Briggs.

19 DR. BRIGGS: Mr. Chairman,  
20 Commissioners, it is my intent to present an oral,  
21 and very informal submission about the drug prob-  
22 lem as I have experienced it, and seen in my  
23 professional capacity.

24 And I work primarily with youth  
25 in the Kingston area.

26 May I start with a few sweeping  
27 generalizations and assumptions from my point of  
28 view, and I believe that many of the opinions that  
29 have been given are based primarily on fact.

30 Chemicals are here to stay, and



1 they are a reality of life and I believe that we  
2 have to face the situation, and much of what I  
3 have seen going on in the Kingston area has been  
4 the attempt to deny this fact, and to take steps  
5 to remove chemicals from the scene of various kinds.

6 If you want to accept the  
7 chemicals, then we can proceed to do something about  
8 controlling how they are used and the way they  
9 are used, and to look into how to limit abuse of  
10 chemicals.

11 This is the position that I  
12 start from.

13 I am concerned in dealing with  
14 youth, that when they are in trouble, particularly  
15 with chemicals, that they feel unable to approach  
16 resource people, professionals in hospitals and  
17 get help that they require, and what they need.

18 There seem to be many  
19 youths that have this difficulty.

20 It is not just specifically with drugs, and the  
21 abuse of chemicals, it is where legal and moral  
22 implications are involved. We did an informal  
23 survey of professional services last summer, and  
24 found that general practitioners, hospital clinics  
25 and professionals saw almost no bad trips, of people  
26 who were freaking despite the fact that there  
27 was a drug problem in this city in the summer, which  
28 was very evident.  
29  
30



1 THE CHAIRMAN: I don't understand  
2 the implications of that statement, Doctor. You  
3 say that the survey of professional people indicated  
4 that they had seen no bad trips, or claimed to  
5 have seen no bad trips.

6 DR. BRIGGS: They claim to have  
7 such youths who were having difficulties with bad  
8 drugs.

9 THE CHAIRMAN: Well, what do  
10 you know about the actual existence of bad trips?

11 DR. BRIGGS: What do I know  
12 personally?

13 THE CHAIRMAN: No. Do many  
14 of them have bad trips when you approached these  
15 professional people in these facilities?

16 DR. BRIGGS: According to the  
17 information we were able to obtain from the professor  
18 there were no bad trips. I believe that the drug  
19 user in the community is better equipped to gather  
20 information on the extent of the problem than I  
21 am.

22 THE CHAIRMAN: Who is better  
23 equipped?

24 DR. BRIGGS: The drug users,  
25 the young people involved.

26 As I say, the facts are vague.  
27 I believe that on one hand professionalism  
28  
29  
30





1 has had a fair amount of contact with youth,  
2 and I find it very difficult to determine the  
3 extent of the problem, other than that there is a  
4 problem.

5 THE CHAIRMAN: What is  
6 your contact with youth; professionally? What is  
7 the kind of work you carry out with youth?

8 DR. BRIGGS: I am a child  
9 psychiatrist at the Out-Patient Psychiatric  
10 Hospital in the community and I am on a special  
11 committee of youth.

12 THE CHAIRMAN: That microphone  
13 is a little low. I wonder if you could speak a  
14 little closer to it.

15 You are running an Out-Patient  
16 Child Psychiatric Clinic at the Kingston General  
17 Hospital.

18 Have you in your professional  
19 practice, have you dealt with drug use cases?

20 DR. BRIGGS: Yes, I have.

21 THE CHAIRMAN: And the effects?  
22 What effects have you observed from the use of  
23 drugs by your patients?

24 DR. BRIGGS: In terms of  
25 specific drugs?

26 THE CHAIRMAN: Yes.

27 DR. BRIGGS: I have had no  
28 direct dealings with adverse effects from the use  
29 of marijuana. The effects that I dealt with  
30 have been youth who have been reported to be on



MDA and cocaine and speed.

THE CHAIRMAN: MDA, cocaine and speed.

Have you seen any heroin?

DR. BRIGGS: I have seen two, who were reported to be on heroin. My impression is that when they get on to hard drugs, and start to become addicted, they have to move out of the centre to a larger centre.

THE CHAIRMAN: Where do they move?

DR. BRIGGS: Toronto.

THE CHAIRMAN: They go to Toronto. Who makes the judgment as to who should go there?

DR. BRIGGS: The supply.

THE CHAIRMAN: Oh, you mean they move in search of drugs. I thought you meant for the specific ---

DR. BRIGGS: No.

THE CHAIRMAN: I see. What did you observe about the effects of speed?

DR. BRIGGS: The effect of speed?

THE CHAIRMAN: Yes.

DR. BRIGGS: The inference ---  
(portion unintelligible)  
fear, destruction of the body, deterioration of the body, hepatitis, although I am not aware that there is any hepatitis in this area.



1 THE CHAIRMAN: You have not  
2 seen any cases of hepatitis.

3 DR. BRIGGS: I have not, no.

4 THE CHAIRMAN: What is your  
5 professional opinion as to the psychological reasons  
6 or factors predisposing the use of speed. Have you  
7 formed any professional opinion as to the psychological  
8 makeup of speed users?

9 DR. BRIGGS: Well, in the use  
10 of drugs, I believe the drug users are not a  
11 specific group, but they tend to <sup>be</sup> alienated from  
12 adults and in our experience it has been that  
13 they have tried many other things before they  
14 tried drugs. They tried (portion unintelligible)  
15 of various kinds, sexual behaviour; we had one  
16 youth who said he had tried religion and suicide  
17 as well, in attempting to find some meaning in  
18 life.

19 THE CHAIRMAN: How do you  
20 view the speed freak? What do you do for him?

21 DR. BRIGGS: My purpose is  
22 to establish some sort of relationship which  
23 establishes trust. It is primarily a psychological  
24 approach, rather than a medical one.

25 THE CHAIRMAN: What has been  
26 your success in therapy?

27 DR. BRIGGS: That is a good  
28 question.

29 THE CHAIRMAN: I beg your  
30 pardon?





1 DR. BRIGGS: That is a good  
2 question, and it is very difficult to answer.  
3 I have had some success with some and others I am  
4 sure have not been successful.

5 THE CHAIRMAN: What would be  
6 your opinion about compulsory treatment? I am  
7 speaking of your professional opinion as a  
8 psychiatrist as to the desirability or appropriateness  
9 of the principle of this treatment.

10 DR. BRIGGS: I believe there  
11 is a point where I would add I would like to  
12 see compulsory treatment.

13 THE CHAIRMAN: Do you think  
14 that this is psychologically feasible or likely  
15 to be effective, the compulsory aspect?

16 DR. BRIGGS: Only if  
17 involved in this is some reasoning pertaining to  
18 the compulsory treatment, to help the person  
19 long enough that some meaning comes into their  
20 lives, some reason for change. If this is not there,  
21 then we lose the purpose of making it compulsory.

22 THE CHAIRMAN: Do you have  
23 any idea of any approach to what you might call  
24 the psychological and moral alternative to drug  
25 use? Do you see anything has been put in its  
26 place?

27 DR. BRIGGS: Yes, I think  
28 in terms of living, I think living is pretty good.  
29 I think a reason for <sup>living</sup> is pretty good and I enjoy  
30 it and I have managed to get this across to some



1 of the kids that I have been seeing. As I said,  
2 taking a trip on life.

3 THE CHAIRMAN: Taking a trip  
4 on life.

5 MR. CAMPBELL: (Portion  
6 unintelligible).

7 DR. BRIGGS: You need a  
8 characterization of the drug user as alienated from  
9 adults by many things besides drugs, anti-social  
10 behaviour, sexual behaviour and so on.

11 THE CHAIRMAN: To what extent  
12 do you see this in the drug user? Do you feel  
13 this is a general characteristic?

14 DR. BRIGGS: I am talking  
15 about the drug abuser and I am not including  
16 marijuana.

17 MR. CAMPBELL: Do you see  
18 a similar way of thinking psychologically in the  
19 person using speed heavily and the person who  
20 is using acid heavily?

21 DR. BRIGGS: I haven't looked.  
22 They seem to use whatever they can get when it  
23 comes to the harder drugs, if it is available.

24 THE CHAIRMAN: A moment ago  
25 there was a point where you thought compulsory  
26 treatment was warranted. Would you like to expand  
27 a little bit on what that point is?

28 DR. BRIGGS: I am not sure  
29 where there is a demonstration for use for the  
30 drug, but I am not sure --



1 MR. CAMPBELL: Demonstrated  
2 addiction.

3 DR. BRIGGS: I am talking  
4 about it in psychological terms.

5 MR. CAMPBELL: What would be  
6 the reason for this distinction between psysical  
7 and psychological dependence?

8 DR. BRIGGS: In my mind  
9 I guess the psychological dependency, I feel that  
10 the person is still knowledgeable in a  
11 psychological extent.

12  
13  
14  
15 THE CHAIRMAN: What have you  
16 seen of the effects of LSD?

17 DR. BRIGGS: Primarily  
18 hallucinogenic. It is difficult to know the  
19 purity of the drugs here. We have to rely on  
20 what the youth says they have taken, in a batch  
21 that they say is a strong batch, there are highly  
22 (unintelligible) and paranoid reactions to them.

23 THE CHAIRMAN: You have seen  
24 paranoid reactions?

25 DR. BRIGGS: Yes, under the  
26 influence of LSD. One of my concerns in trying to  
27 work with youth is to get information on the drugs  
28 when it comes available. For instance, when MDA  
29 hit Kingston, last spring, and somebody brought  
30 it to me, I had no awareness as you can imagine





1 and phone calls to Toronto and New York did not  
2 help any. The information was just not available.

3 THE CHAIRMAN: As a child  
4 psychiatrist have you any views on the effects of  
5 drug education, particularly for the pre-adolescent  
6 who in our hearings have frequently raised  
7 the question as to whether people should be  
8 provided all the information there is about the  
9 drugs, including what positive effects might  
10 be said to describe them. Have you any views  
11 on the effect of that kind of full disclosure  
12 on the minds of the pre-adolescent child or for  
13 that matter upon any children, if a distinction  
14 should be made?

15 DR. BRIGGS: Yes, I must go  
16 along with providing them the information.  
17 We have seven and eight year olds in the schools  
18 asking about drugs and talking about it and  
19 why should they not know what it is about, if they  
20 are confronted with the problem. I believe it  
21 should be integrated into a more extensive family  
22 life program. Sexual education as well.



1 THE CHAIRMAN: How does the  
2 young child, let's say seven, eight, nine, how does  
3 he react to that? How do they react to this kind  
4 of information? How do they absorb it? What are the  
5 effects on their curiosity?

6 DR. BRIGGS: It depends on how  
7 it is presented. When glue sniffing hit Kingston  
8 two years ago, in an attempt to educate the public,  
9 sensationalized and made it a more desirable thing.

10 THE CHAIRMAN: How do you  
11 think it should be presented to the young child?  
12 Who should present it?

13 DR. BRIGGS: Who should  
14 present it? I think the more we present it as an  
15 unusual thing and a special thing, the more a  
16 special thing it becomes. Again I would strongly  
17 believe that we should have classes on how to  
18 cope with living, that that should be integrated  
19 into the school situation.

20 THE CHAIRMAN: What would be  
21 the problem?

22 DR. BRIGGS: The problem  
23 a child of any age confronts. I think that it  
24 is concerned about. A seven year old is concerned  
25 about his glue sniffing.

26 THE CHAIRMAN: Are there any  
27 questions or comments for Dr. Briggs?

28  
29  
30



1 DR. BRIGGS: I have one  
2 further concern and that is the social implications  
3 in the drug problem now, and that because of the  
4 legal restrictions I am finding that some of the  
5 users with a sudden waiving of their rights,  
6 individual rights, they prove that they have  
7 rights and don't have rights. For instance,  
8 one picked up on the street was not allowed to  
9 make any attempt to identify himself until he  
10 is searched -- stripped and searched. And  
11 when I followed this, it was a case of mistaken  
12 identity and there was no attempt to rectify this.

13 THE CHAIRMAN: You are  
14 speaking of the effect of civil and private rights?

15 DR. BRIGGS: Yes. That a  
16 suspect is guilty until proven otherwise.

17 THE CHAIRMAN: Have you had  
18 occasion to examine the question of special knowledge  
19 of any young people who have served terms of  
20 imprisonment for drug use?

21 DR. BRIGGS: No, I haven't.

22 THE CHAIRMAN: Dean Campbell?

23 MR. CAMPBELL: Dr. Briggs,  
24 I would like to come back to the question of  
25 drug education. I think it was in our Halifax  
26 hearing that the position was put to us, that  
27 drug education should include statements of the  
28 desirable effects. Now, the people who were  
29 making this submission, I think, were essentially  
30 saying that much of the drug experience is a child's





1 | objective--was highly objective. People have  
2 | the unique experience as a result of the drug  
3 | experience and it was argued that statements  
4 | of this sort should be included in the drug  
5 | education program. Would you accept this as  
6 | a valid position?

7 | DR. BRIGGS: Yes, I believe  
8 | if you tried to blow it up heavily on one side  
9 | and (portion inaudible)  
10 | to have information coming from all directions.  
11 | It is obviously designed that we are just giving  
12 | the negative aspect; it is obviously designed  
13 | to get a point across, rather than to say you  
14 | have proof.

15 | MR. CAMPBELL: Do you have  
16 | any position to describe the history as it were  
17 | of the drug problem in Kingston, and how it  
18 | evolved from the forces that led to its  
19 | development and problems?

20 | DR. BRIGGS: How developed?  
21 | We tend to stay a year, or a year and a half behind  
22 | Toronto. I am not sure how much influence it had. We  
23 | say glue sniffing reach its peak here about  
24 | eighteen months after it was introduced in Toronto.  
25 | And six months after it became alive in Toronto.

26 | MR. CAMPBELL: Are you  
27 | suggesting then the primary forces are in urban  
28 | centres?

29 | DR. BRIGGS: I think primary  
30 |



1 forces are in our culture. We are a drug taking  
2 society. I don't believe we are in a room full  
3 of adults where I would be surprised to find 10%  
4 who haven't taken a pill of some sort.

5 MR. CAMPBELL: What then  
6 are the particular characteristics of the  
7 psychoactive drugs that draw people to their  
8 use in this drug taking.

9 DR. BRIGGS: If you are  
10 talking about youth, experimentation, curiosity,  
11 group pressure in belonging to a group, looking  
12 for new experiences, once the motorcycle has had  
13 its day. By the way, I think there are far  
14 more injuries and deaths from motorcycle accidents  
15 than there are from drugs. We don't seem to  
16 get all up tight about it. Boredom, rebelling  
17 against authority, against control and power  
18 in terms of ---

19 MR. STEIN: One question  
20 on the point you were making earlier about  
21 compulsory treatment. In your view as a  
22 psychiatrist, in what way would the response of the  
23 individual who was taking the drugs be different  
24 in comparison to an incarceration in prison  
25 and a placement in a compulsory treatment centre.  
26 What would be his response and willingness to  
27 enter into some form of therapeutic relationship  
28 be different than if he were placed voluntarily  
29 in a medical centre for treatment. Do you  
30 have any opinions on his motivation or response



1 with respect to these problems?

2 DR. BRIGGS: I think he has  
3 got half of that beaten already. If he went  
4 in voluntarily ---

5 MR. STEIN: I said  
6 involuntary. You were suggesting earlier a  
7 compulsory treatment. In your professional  
8 <sup>that</sup> opinion could be a battle type of response to  
9 the drug user?

10 DR. BRIGGS: Yes.

11 MR. STEIN: I am asking you  
12 in what way would the individual respond --  
13 would there be any difference in his attitude  
14 about entering into treatment if he was placed  
15 involuntarily in a compulsory medical centre?  
16 Would he have a different attitude about trying  
17 to do something about his problem, than if he  
18 were placed in a compulsory way in a prison.  
19 Do you feel there would be a difference in his  
20 response in an effort to do something about his  
21 problem?

22 DR. BRIGGS: The medical  
23 centre ---

24 MR. STEIN: Between two  
25 possible involuntary -- civil commitment, let's  
26 call it for drug use as opposed to a compulsory  
27 incarceration through court?

28 DR. BRIGGS: Oh yes.

29 MR. STEIN: You think the  
30 response would be different?





1 DR. BRIGGS: Yes, because the  
2 environment hopefully in a treatment centre is  
3 treatment oriented and in an incarcerate centre  
4 or incarceration the treatment is punitive  
5 whether we like to think it is otherwise or  
6 not.

7 MR. STEIN: This is your point.  
8 If the individual is placed involuntarily in the  
9 medical hospital for example, you make this  
10 distinction in treatment?

11 DR. BRIGGS: Well, they  
12 are going to resent both. I am just saying  
13 that hopefully (inaudible) and motivation will  
14 come more readily from a medical setting ---

15 MR. STEIN: One other question.  
16 In light of your reservations about a medical  
17 centre treatment for this, I think this came across --  
18 I wonder if all of the approaches would be more  
19 successful in working with this kind of treatment system?  
20 Is that fair?

21 DR. BRIGGS: That is fair.

22 MR. STEIN: Do you think there  
23 is enough known in the medical profession who  
24 wanted the introduction of compulsory medical  
25 treatment? In other words, do we have any  
26 body of expertise in your field; an exhibition  
27 of great confidence to deal with this phenomena  
28 if this is done, and you are smiling  
29 at my question?

30 DR. BRIGGS: Yes, I seem to be



1 on the spot. It is a yes and no. I believe  
2 that there would be a fair amount of expertise  
3 in the severe addiction problems involving the  
4 community problems where we have very little  
5 expertise. The expertise is of a much higher  
6 level in the community as hard to handle the  
7 bad trip and what sort of things aggravate it  
8 and what sort of things help it. We tend to use  
9 a straightforward medical approach which  
10 antagonizes in submitting them to many tests.

11  
12 MR. STEIN: In the first  
13 part of your statement I want to be clear on,  
14 you stated and I presume it is physical addiction  
15 for which the medical profession has successfully  
16 developed techniques to assist individuals  
17 in dealing with this problem.

18 DR. BRIGGS: We have some.  
19 I am not saying they are the best.

20 MR. STEIN: What would be --  
21 could you state what they are in the way of  
22 your personal experiences.

23 DR. BRIGGS: Well,  
24 technique for supporting drugs -- we have a body  
25 of psychiatric knowledge in the terms of how to  
26 develop the relationship with people.

27 MR. STEIN: You are saying  
28 you have developed a way of helping an  
29 individual to withdraw from the drug use and  
30 do you feel there are methods to help him in the



1 long term problem of ceasing to utilize  
2 these chemicals?

3 DR. BRIGGS: We have  
4 some, that works sometimes.

5 MR. STEIN: Thank you.

6 THE CHAIRMAN: Thank you very  
7 much, Dr. Briggs. Thank you.

8 DR. BRIGGS: Thank you.

9 THE CHAIRMAN: I call now  
10 on Dr. George Scott, Chief Psychiatrist, Canadian  
11 Penitentiary Service, Department of the Solicitor  
12 General of Canada, who I understand is appearing  
13 in his personal capacity. Is Dr. Scott here?

14 I call then on Dr. S.G. Lavery,  
15 Director of the Kingston Office of the Addiction  
16 Research Foundation of Ontario.

17 Is Dr. Lavery here?

18 Well, those were all our  
19 scheduled submissions this morning. We are here  
20 later. Some were told to come back about eleven.  
21 In these circumstances we have others who were  
22 scheduled for this afternoon. I don't know whether  
23 any of the following are here, or are able to  
24 make submissions at this time.

25 Miss Flora MacDonald, Director  
26 of the Elizabeth Fry Society was scheduled this  
27 afternoon. Civil Liberties Association from  
28 Ottawa. Mr. Michael Mahoney, research technician  
29 with the Drug Addiction Unit of the Kingston  
30 Psychiatric Hospital. Mr. Doraty of the





1 Canadian Rehabilitation Association.

2 I just repeat the names of the  
3 others mentioned earlier to make certain Dr. George  
4 Scott is not here. Dr. S.G. Lavery.



1 THE CHAIRMAN: Well ladies and  
2 gentlemen, we are in the position that -- this has  
3 problem has never occurred to us across Canada  
4 without having the order of the formal submissions  
5 which are on this paper at this time.

6 We invite you to give us the  
7 benefit of your views on this subject, and assist  
8 us. We can have an informal discussion at this  
9 time.

10 Professor Laverty is scheduled  
11 for 11:30. I wonder if you would like to give us  
12 some views.

13 Yes, the gentleman at the back;  
14 would you come to the microphone?

15 THE PUBLIC: Is the microphone  
16 switched on? I wonder if everybody can hear me.

17 I have made a few notes of my  
18 own personal views, which I would like to submit  
19 to the Committee, if I may.

20 Would it be better if I spoke  
21 without a microphone?

22 THE CHAIRMAN: Would you like  
23 to come to the table? You might find it more  
24 comfortable here.

25 THE PUBLIC: Thank you. I find  
26 the sound is extremely bad.

27 THE CHAIRMAN: Would you like  
28 to be seated at the table? I think that microphone  
29 we have -- if you can speak closely to it, perhaps  
30 if you could hold it up.



THE PUBLIC: Fine.

Now, as a father of two, I beg to submit my views on the phenomena of today's drug culture, its possible causes and proposals for a solution to stop further spreading of non-medical use of drugs to a wider segment of our population.

I would like to point out at the beginning that my children have not yet fallen victim to the drug menace, mainly because the young young girl being too /and at age ten has not been exposed to it, and the elder at age sixteen has been sufficiently educated, informed and warned by us parents about the irreparable dangers of drugs.

As parents, we continually maintain an open line of communication to our children. We take time to listen to them, and know most of the time when they move about and with whom they associate.

In this manner, we maintain a very close relationship with our children, and therefore do not think that they will ever fall to the desire to join the current-day trend of drug taking.

I am sufficiently angered by the deliberate and systematic destruction through drugs of our young people, by forces which we failed to recognize earlier. The time has come to put a stop to this cancerous menace in our society, and it is not too late for our generation to take immediate and active action to remedy this situation.





Before we can establish an effective course of action, we should first establish some of the causes of the drug culture. One absolutely plausible theory is reprinted here in the following paragraphs. This very valid theory was recently published in Great Britain by the author, James McCartney, who points to at least one of the reasons for drug abuse, which, in my opinion, is worth our consideration. I would like to entitle Mr. McCartney's writing as:

"Sounds, Drugs and their close relationship; their effects on the human body."

I quote:

"It is a well established fact that different sounds produce effects upon different parts of the human body, and that mind, or more particularly its mood, is strongly affected by music, and it is now well known that the vibrations caused by music can have a marked effect on the human mind and body.

"The medical profession has proved that some kinds of music have a soothing and soporific effect, whilst martial music has been known to keep the feet of exhausted soldiers moving long after the point of exhaustion has been reached.

Dance music will set the feet tapping, whilst an organ played in church evokes a feeling of religious devotion, and all the emotions of which the human soul is capable can be found in the four movements of a symphony.



1                                   It is not so well known, however,  
2       that certain body reflexes can be affected by  
3       music, and this is particularly applicable to  
4       certain practices carried out by African witch  
5       doctors, who can make a person's muscles and limbs  
6       jerk and dance involuntarily by the use of certain  
7       sounds and rythms.

8                                   It must be said here, that in  
9       the opinion of the writer, considerable damage is  
10      being done to the youth of today by the incessant  
11      exploitation of certain types of 'pop' music. From  
12      the facts already stated, it is clear that some  
13      musical sounds and rhythms can have a very marked erotic  
14      effect, which, when coupled with provocative words  
15      and gestures, have upon the mind an extremely dele-  
16      terious effect, which is currently being reflected  
17      in the serious laxity in morals and habits of our  
18      youth.

19                                  The erotic effect, first sensed  
20      as a pleasure, builds up over a period of time as  
21      a tendency and then as a habit, so that a desire  
22      is created for more and more excitement of that  
23      same nature. Inevitably, a debasement of moral  
24      sense and critical faculties must follow, so that  
25      eventually, things from which a person would  
26      normally recoil in distaste and repugnance, not  
27      only only become acceptable as a norm, but  
28      become actually desirable. Then, in order to  
29      maintain the level of excitement and satisfaction,  
30      the victim is led on to other and more violent forms



1 of self-gratification, so that drug taking and  
2 perversions follow as surely as night must follow  
3 day.

4                   Looked at from another point of  
5 view, it has been established by recent research  
6 into the effects of noise, that although the  
7 human ear is able to attune itself to high levels  
8 of noise, it eventually becomes receptive and the  
9 mind becomes unconscious of them and feels no  
10 discomfort, even though the sound levels are of  
11 sufficient strength permanently to damage the  
12 ear mechanism, and so cause incurable deafness.

13                   A recent investigation by a  
14 well known and established scientific body brought  
15 the following report:

16                   "Noise levels in the community  
17 now exceed those of industry. Continual exposure to  
18 80 decibels can bring about a loss of hearing,  
19 as high level (or loud) sound waves cause pressure  
20 on the cochlea of the inner ear, and if exposure  
21 is continued, it will affect the end of the  
22 cochlea and will gradually deaden the ear's  
23 sensitivity. A powered lawn mower can give 107  
24 decibels, and equipment in the house can produce  
25 97 decibels."

26                   An average "pop" group using  
27 electric instruments frequently exceed a sound  
28 level of 110 decibels, and the inference is there-  
29 fore clear. But the real damage is mental and  
30 moral, for it is evident that the life and the





spirit itself is affected by the mental attitudes so created.

In those few simple words of the New Testament, "By their fruits ye shall know them", Jesus gave a perfect guide to discrimination. We have only to take a look at some of the exponents of the art, or "pop" music, to see them exposed as traffickers in drugs and pornography, and physically sick people who are rapidly making fortunes for themselves by exploiting the youths who idolize them."

James McCartney is author of "Yoga, the Key to Life."

The foregoing was an examination of only one of the possible causes of drug addiction. I think it is now entirely proper, due to the seriousness of the matter, to point the finger at other areas of laxitude and permissiveness, regardless of whether or not someone's feelings get hurt. Some blunt and open language should now be in order.

Let's put the cards on the table. Part of the blame can be directed to the teaching profession in our high schools, and universities, as well as to the parents in general.

Time and again do I hear the teachers referred to by the students as kooks, or queers, because of the teachers' attitude and dress. I am told that only those teachers who wear regular street or business suits command the respect of the students, while the others, who wear bell-bottom



1 pants, long hair, and grandfather glasses are  
2 being ridiculed. This latter group is certainly  
3 not accepted by the students for the reasons  
4 indicated.

5 Should we not insist that the  
6 Board of Education give more stringent guidelines  
7 with regard to their teachers' grooming, so that  
8 young students can look upon their teachers as  
9 shining examples of proper conduct and dress. Whom  
10 are we afraid of? Why doesn't somebody speak up?

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1                   The next group to be pointed  
2                   at are the parents to whom social activities and  
3                   the drive for material values appear more important  
4                   than their offsprings, the offsprings who will  
5                   eventually earn the retirement money for us  
6                   parents. I think some educating of parent groups  
7                   would be in order.

8                   Thirdly, we must look at organized  
9                   crime. The racketeers, of course, are exploiting  
10                  the situation, to the fullest, aided by forces  
11                  which have tried for decades to destroy our Western  
12                  Civilization. They are finally succeeding. I  
13                  would strongly recommend that an appeal be directed  
14                  to organized crime to lay off our young, because  
15                  their eventual downfall will certainly put an end  
16                  to Western Society and with it the crime lords  
17                  themselves.

18                  An appeal should also be  
19                  directed at Canadian business, in order to dis-  
20                  courage the exploitation of our young people  
21                  through psychedelic boutiques, where the emotions  
22                  of the young are played upon by flashing lights,  
23                  provocative clothes and blaring "pop" music.

24                  I would call this corruption  
25                  to aid in the profiteering from the young through  
26                  mind destruction.

27                  Which course of action should  
28                  be taken to put us back on an even keel? In view  
29                  of the aforesaid, I would recommend the following:

- 30                  1. Step up the education of





1       youngsters and adults alike on the effects of  
2       drugs on their minds, and bodies.

3                       2. Explain to them how they are  
4       being misled, and misguided, by the proponents of  
5       drug use, and how they are being exploited by  
6       racketeers sunbathing in southern regions at the  
7       expense of the poor drug addict.

8                       3. Discourage the promotion  
9       of certain "pop" music and explain publicly its  
10      damaging effects on mind and body. Radio stations  
11      and television stations could be of invaluable help  
12      in this respect.

13                      4. While drug users should be  
14      encouraged to shake the habit and should be treated  
15      lightly by the courts, traffickers and pushers  
16      should be punished to the full extent of the law,  
17      because it is they who are undermining our young  
18      and Canada as a nation.

19                      5. It is suggested to leave  
20      politics out of this fight, and a sincere effort  
21      should be made by all our citizens to help our  
22      young people recognize that their lives and our  
23      Western civilization are at stake, and that they  
24      have fallen victim to forces which would only be  
25      too happy to see our faculties weakened, and our  
26      guards dropped.

27                      What better way to destroy  
28      those who were destined to become tomorrow's  
29      doctors, lawyers, leaders of the nation. How  
30      foolish of us to tolerate such a menace to our



society.

6. If no marked improvement in this matter is noticed within the course of two years, I recommend that our Canadian government take very strong measures to put the lid on the distribution of pornography, psychedelic "pop" music, and most important, of all, drugs.

I would go as far as the State of Israel went recently, by denying entry to their country of rock and roll groups.

Reason stated: they are not contributing anything good to the culture of the country.

In closing, I would like to say that our tolerance and permissiveness have led us all downhill. It is clearly reflected in the behaviour of our young. Let us no longer be afraid to take a stand.

Thank you very much, sir.

THE CHAIRMAN: Thank you.

Excuse me, would you remain there for a minute?

THE PUBLIC: Yes sir.

THE CHAIRMAN: Did you hear what Dr. Briggs said about us living in a "drug culture" and about the effect of the pervasive nature of drug use including adult drug use?

I don't know whether you heard my opening statement this morning, and the fact that we have to regard alcohol as a psychotropic



1 drug indeed.

2 What are your reflections  
3 when you spoke about various aspects of responsi-  
4 bility? You touched on education and teachers,  
5 parents, organized crime in business. Have you  
6 any thoughts about this whole use of drugs in  
7 our society, including adult drug use?

8 I mean, what is to be done  
9 about that?

10 THE PUBLIC: I think we can  
11 only help in educating our people on the effects  
12 of drugs, and that they are being used by the  
13 pushers, and those who manufacture the drugs are  
14 laughing all the way to the bank.

15 Granted we derive a certain  
16 degree of pleasure perhaps from taking drugs, the  
17 same with cigarettes and alcohol. However, I  
18 think the dangers are much greater. I have  
19 recently shaken the habit of smoking, and after  
20 one year found it extremely hard.

21 Now how difficult must it be  
22 to shake the drug habit, once you have become  
23 physically and emotionally dependent on drugs.

24 I have heard of cases in  
25 Kingston, where school children have been forced  
26 through violence to take drugs. I believe it was  
27 in a school in the western part of the city. Now  
28 I think this is an irresponsible act that should  
29 be punished to the full extent of the law.

30 Once a person has been injected





1 involuntarily with a drug, that person is hooked  
2 for the rest of his, or her, life. I think  
3 things have gone too far. If someone is fool  
4 enough to take drugs voluntarily upon his own  
5 responsibility, that's fine, let them become a  
6 silly victim of drug use.

7 One who is forced or persuaded,  
8 threatened, I think this is a deliberate attempt  
9 to get him hooked on the stuff, so that the market  
10 can be extended by those who manufacture the prod-  
11 uct. And I think in this case, where there are  
12 some very young children involved, again forced  
13 by other older children who have probably been  
14 put up to this by others again.

15 I think there are some very  
16 deliberate attempts to destroy us, and we should  
17 put a stop to it.

18 MR. CAMPBELL: What do you  
19 mean by forced? How are they forced?

20 THE PUBLIC: First of all,  
21 a child may be encouraged, the same as we were  
22 encouraged at the time when we were youngsters,  
23 "Oh, come on, have a smoke. You will get a great  
24 kick out of it."

25 The person who refuses to do  
26 so will then be pushed a little harder. Eventually,  
27 it will happen that perhaps out of innocence, or  
28 stupidity, the person is held by one person and  
29 the needle is put into the other person's veins.

30 THE CHAIRMAN: What is the basis



1 of your statements? Do you say you have been  
2 told this?

3 THE PUBLIC: I have been told  
4 this.

5 THE CHAIRMAN: You don't ---

6 THE PUBLIC: I would not want  
7 to go any further in revealing that particular  
8 information, because I have no definite proof.

9 MR. CAMPBELL: The drug you  
10 are speaking of is presumably heroin?

11 THE PUBLIC: I assume it was.

12 THE CHAIRMAN: Thank you.

13 Is Dr. George Scott here,  
14 the Chief Psychiatrist of the Penitentiary.

15 It says here, Dr. Scott, you  
16 are <sup>not</sup> appearing/in a professional capacity.

17 DR. SCOTT: Yes.

18 My remarks will be fundamentally  
19 clinical, and may infringe upon morality, but in  
20 a general way it has to do with a medical man who  
21 is oriented psychiatrically in a personality study,  
22 how he looks at this field of addiction.

23 And primarily we have to keep  
24 in mind that man is fundamentally an addicted  
25 animal. He is addicted to all sorts of routine;  
26 he is addicted to all sorts of procedure, and he  
27 is also addicted to his own satisfaction for  
28 which the greater satisfaction is eating, basically  
29 forming the basis for  
30 hypertension, heart disease and many illnesses which



1 are fundamentally dangerous.

2 Again, it was the contention  
3 by the previous speaker that the addiction to tea,  
4 coffee, are addictions which everyone in this room  
5 probably suffers to some degree or other.

6 However, in reference to drugs,  
7 we have an additonal thing which is the alteration  
8 of reality, and this is the context which I think  
9 is important to study from the non-medical point  
10 of view.

11 The drugs that are significant  
12 to the individual are all drugs that change his  
13 relationship with reality. Now, if he has a  
14 disturbed relationship with reality; if he has  
15 a poisonous relationship with the world around  
16 him; if he is so aggressive and hostile that he  
17 cannot function comfortably with people around  
18 him; then drugs have a particular significance.

19 And it is this context of  
20 using drugs to change reality that I think is  
21 the intriguing important part of this  
22 subject.

23 And of these drugs there are  
24 several subdivisions of which the user of  
25 alcohol is probably the most common known  
26 measure of taking away the relationship of  
27 reality, or the more susceptible parts of the  
28 brain.

29 There are the mentally  
30 excited which literally blow out when sensitivities--





one becomes aggressive and as a result of this  
one's relationship to reality is no longer  
controlled. These excitements, of course, are  
the dexedrine, methamphetamines, commonly known  
as "speed" which is probably one of the most  
dangerous and addictive drugs in the whole  
pharmacopoeia keeping in mind the  
heroin, morphine, and other drugs that have  
their brief moments of fame, but in a general  
way methadrine is probably the most concerning  
and addicting drug which is known to me in my  
practice over a period of some fifteen years.

It was so useful in England  
in one of the major women's prisons, and in  
1935, the staff considered giving methadrine  
injections to its more violent, aggressive, hostile  
and damaged personalities in the female side, and  
it was found that methadrine did a tremendous  
job, it just stiffened them up and made them  
delightful ladies.

After they discontinued the  
methadrine, they were back into their previous  
kind of existence. So there is the alcoholic  
depressants, such as the phenobarbs, the seconals,  
the drugs that affect the cerebral cortex and  
these of course are the "pill poppers", the "blue  
bombers", the "red hornets", the drugs which can  
be bought on the corners or pushed by small-time  
opportunists to maintain their own living.

These drugs are fundamentally



1       exceptionally dangerous, because when they are  
2       combined with other harmful drugs that produces  
3       an explosive personality, and for instance if  
4       one has 180 mgs. of seconal, which one can --  
5       it disturbs reality and makes everyone quite  
6       pleasant, and then you add four beers to that  
7       and then you move into an amnesiac phase of it,  
8       in which you regress to obvious dangers and  
9       sometimes quite tragic.

10                       In relation to these two  
11       groups of drugs, there is this third type of  
12       drug which is commonly known as the hallucinogenics,  
13       but they really distress and disturb the mental  
14       actions to produce a false sense of reality,  
15       rather than of (portion inaudible)  
16       the false sense, and this is where LSD and some  
17       of its related drugs are.

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The (inaudible) related drugs, the ones that are being passed around in our urban societies -- there is one I haven't seen actually, a mixture of methedrine and a heroin compound which is taken as a capsule and this produces the positive results of methedrine, and excessive feeling of excitement and confidence together with heroin which produces a feeling of extreme (inaudible) .

Now, I must say these types of drugs in non-medical hands depend upon in whose hands they are. We have three major groups, children, adolescents and adults. In the hands of adults these drugs are dangerous in a general way, because they remove them from functioning in society and I think the first concern about the opium smoker and in other words, it took the individual out of the production society and made him an opium eater, and if they had these, we would have no nation at all.

So that the adult in his relationship with drugs, it forms a serious area and these are, of course, the addicted personalities and in relation with chemicals if they need chemicals to support their personalities. If they don't need chemicals to support their personality then drugs are an incidental type of affair.

Angry people will use  
heroin. The ladies whom I have had extensive





1 relationships with in prison circles, the heroin  
2 addicts are fundamentally aggressive, inadequate  
3 women who just cannot function and we find oddly  
4 enough that heroin does not make them high,  
5 heroin makes them normal. So as you see some  
6 drugs can be so powerful as to produce  
7 normality in an individual who cannot get along  
8 without them.

9                   The adolescent, when he is  
10 using drugs, does not know what he does because  
11 fundamentally he does not know who he is,  
12 what his emotions are, what his mental content  
13 is, whether it is adjustable and who has the  
14 certain adolescent aggressiveness.

15                   Children and drugs I know  
16 very little about, and so cannot comment.

17                   In conclusion it is my  
18 feeling that the non-medical use of drugs has  
19 to be approached on the same relationship as the  
20 heroin side is approached. Heroin users receive  
21 prison sentences.

22                   Now, I am speaking of a  
23 prison sentence in terms of controlled behaviour  
24 and of course the prison gives very well controlled  
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behaviour. Perhaps not the best in the world, but it gives controlled behaviour and our society has got other ways to find controlled behaviour.

So if drugs are going to be used in a non-medical fashion, it has to be approached from a non-medical point of view. Fundamentally the drug business grows not from the user to the pusher to the -- well, let's go from the user to the business. Drugs in their distribution, is a great business procedure and that is all it is. If we didn't have people in business with the minor drugs, the medium drugs and the major drugs, we would have no drug problem in our city. We wouldn't have various types of drugs being available at all high schools, we wouldn't have weekend parties at which our happy students are getting together to have a good old beer party, and half way through the party, when everybody is moderately happy, with beer, some delightful friend comes in with drugs, such as MDA and other drugs, to add life to the party, and also to make a hundred bucks from this deal.

And these are the tragedies that go on. So from my point of view it is the business first, and if somehow we could do away with the illicit business in the drug business. We have gotten away with the business of the abolition of slavery through legislation and if



1 we can get enough legislation to act on the  
2 distributor of the drug business one has it  
3 under a certain amount of control. And we  
4 look all too lightly upon the occasional sniff  
5 of one thing or another, and that may not be any  
6 harm at the moment, for expedience. But when  
7 the business comes first, and the business and the  
8 pusher who may be involved, you get the first  
9 appearance of a damaged personality. The  
10 business itself may be strictly cold; there  
11 may be no damaged personalities. It is a matter  
12 of bucks from A to Z. The person has to have  
13 a relationship with money and the drug group  
14 and the drugs themselves in 85% of the cases.  
15 So you get the damaged personality without  
16 thought, moving into the high schools, moving  
17 into the universities with the type of drug  
18 which they say will give you something great  
19 and will change your reality. And  
20 reality is bad enough when we face it every  
21 day. And when youngsters who are placed under  
22 stress, it is easy to see how they can be  
23 seduced into the use of drugs. There are  
24 some youngsters who take drugs for the sense  
25 of adventure and perhaps in our society their  
26 chance of adventure is lost. There is no way  
27 by which we can stand up and be counted and so  
28 many youngsters would like to fight something  
29 and sometimes the taking of drugs is a good  
30 way of proving manhood. In the time of





1 of my practice there are many youngsters whom I  
2 have very close contact with. Their drugs  
3 come from Ottawa and two of the boys say  
4 that they take LSD and they have a particular  
5 system of knowing how many gamma it is by the  
6 colour, yellow, red or brown, and one said, "I  
7 could take yellow but brown puts me down",  
8 meaning that he went out of psychological  
9 environment when he got on the second one.

10 So for some youngsters  
11 it is a way of proving something; others it is  
12 a new experience. For the damaged youngster  
13 it is a way out of the disturbed and unhappy  
14 world and consequently it has an effect upon  
15 him. I think mainly the hostile and unhappy  
16 person may be involved in the major drugs.  
17 Minor drugs come and go.

18 In conclusion it is my  
19 feeling that the poor addictive feeling, like  
20 someone who just said they had been addicted  
21 to the cigarettes and so on, that the addicted  
22 person should be given areas of treatment, but the  
23 areas of treatment should involve tremendous  
24 social changes where there is less control  
25 and a greater punitive aspect towards the  
26 drug business and where I think my colleagues  
27 are involved in the business. That is my  
28 remarks, Mr. Chairman.

29 THE CHAIRMAN: Mr. Stein?

30 MR. STEIN: Dr. Scott, I



1 think your statement was that non-medical drugs  
2 use should be approached in a non-medical way;  
3 is that correct?

4 DR. SCOTT: That is correct.

5 MR. STEIN: Would you also  
6 feel that the situation in which persons are  
7 chronic users of alcohol which is a non-medical use  
8 of a drug, would you include them in this statement?

9 DR. SCOTT: Well, certainly  
10 I would include that, but what I have tried to say  
11 is that one has to have a legal form of reference  
12 for the use of alcohol and find a way that  
13 means something in all of our lives now, and it  
14 is indelibly printed and if they had adequate  
15 legislation for the use of drugs the way we  
16 have for the Liquor Control Boards of Ontario  
17 and the punitive, police people and so on, and  
18 when I say non-medical, I mean society has got  
19 to start hustling to do something about a  
20 problem which is growing up like a mushroom  
21 in the front garden.

22 MR. STEIN: Referring  
23 particularly to your statements that the user  
24 of a drug can be adequately treated, I believe  
25 that was your inference, that it was not perhaps  
26 as successful but nonetheless the user can be  
27 dealt with.

28 DR. SCOTT: I think I used  
29 the word controlled setting. My context was  
30 in a supervised setting and of course if you get a



1 person who is addicted to a drug and he can't  
2 function without it and the drug is going to  
3 destroy him, and the drug is going to destroy  
4 other people, and the drug is big business,  
5 then that person has to be removed from society.

6 But I am not saying that  
7 everyone who is addicted should go to jail,  
8 because that is categorically wrong from A to Z  
9 and damaged personalities do go to jail, because  
10 of their tremendous social involvement by the  
11 Criminal Code.

12 MR. STEIN: By present  
13 legislation, is one of the alternatives to place  
14 them in a prison setting. Do you have any views  
15 about the present effect of the present setting  
16 for the people who are using hallucinogenic  
17 drugs?

18 DR. SCOTT: No, because I  
19 am here in my context. I would say there is no  
20 system yet which has found an adequate solution  
21 to the major drug addictions, mainly the heroin  
22 addictions. It is a matter which clearly  
23 involves psychodynamic treatment. It is the  
24 treatment of the male and female addicts. These  
25 are damaged personalities from day zero, and by  
26 the time they get to thirty years which means  
27 they have probably just lived twelve thousand  
28 days, these people are socially sick, because  
29 they need drugs to maintain their existence in  
30 society.





1 MR. STEIN: You mean they  
2 were born with defects genetically?

3 DR. SCOTT: They were born  
4 in trouble. I use these words in a general sense  
5 of reference. That is people who are raised  
6 in traumatic cold and emotional deprived  
7 environments from day zero, from the first moment  
8 that they can remember, which would be their  
9 first year.

10 THE CHAIRMAN: Professor  
11 Bertrand?

12 PROFESSOR BERTRAND: Yes, you  
13 said at the start that there is a drug problem  
14 in this city.

15 DR. SCOTT: I beg your  
16 pardon?

17 PROFESSOR BERTRAND: You said  
18 at the beginning, I think, that there is a drug  
19 problem in this city?

20 DR. SCOTT: Yes.  
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1 PROFESSOR BERTRAND: What do  
2 you mean by that?

3 DR. SCOTT: Well, I have  
4 several points of view. I have the point of  
5 view a male, a father who has a number of children,  
6 who go to the schools, who associate with other  
7 children, I have my contacts in my professional  
8 capacity, and I have my contacts in a business  
9 capacity and the adolescents I see in my office,  
10 they give me a fairly good verbatim report of  
11 what is literally going on, that who is selling  
12 in grade eleven, who is getting their drugs,  
13 from where.

14 Now this town gets drugs  
15 mostly from Ottawa, sometimes from Toronto. Some  
16 are coming in from the States. The lads  
17 involved are maybe quite respectable university  
18 students, or assumingly they are functioning  
19 well and yet they figure they can make a fast  
20 buck this way, because to them LSD is just an  
21 experience, it is not a harmful experience.

22 And the one major problem  
23 that many of the youngsters, and I use this in  
24 all respects to anyone under educational years,  
25 do not really realize how this confuses people  
26 who are probably less stable than they are, and  
27 so there seems no harm in saying "Well here, here  
28 is a cap, let's have some fun.. Let's hold hands  
29 and let's all put our backs together in my room  
30 tonight, and let's practice this great thing of



1 getting to know our fellow human."

2 PROFESSOR BERTRAND: So to  
3 your understanding, the extent use of  
4 the drugs, you know in this city, would be quite  
5 a problem.

6 DR. SCOTT: I think so. I  
7 find this to be quite alarming, because as of  
8 three years ago I would have said this would be  
9 an absolute impossibility, and when I first was  
10 informed that two particular individuals in  
11 a responsible position in Belleville, were on  
12 drugs, they were teachers, and that there were  
13 several teachers who were involved in the same  
14 procedure, and it became quite alarming, but  
15 I didn't think it would happen in Kingston.

16 But I think that we are just  
17 the same type of people, and this afternoon or  
18 this morning, you want to go out and obtain  
19 whatever kind of LSD one wants, or whatever  
20 kind of MDA one wants, whatever kind of ordinary  
21 plain methamphetamine one wants.

22 PROFESSOR BERTRAND: When you  
23 speak of a problem, are you referring to the wide-  
24 spread use, or to the, what I see you are  
25 describing as alarming use of what you consider  
26 dangerous drugs? Is it widespread? Or dangerous?

27 DR. SCOTT: It is difficult  
28 to say whether it is dangerous, or just plain  
29 disturbing, and as a parent one doesn't look  
30 properly, and you are coloured by what you did as





1 a kid at the same age.

2 The new experience is the  
3 appealing thing to most youngsters, and the  
4 appalling thing compared to the appealing thing  
5 is that sometimes their behaviour can be so  
6 disjointed through the altered relationship with  
7 reality that they become involved with people  
8 that they would otherwise not become involved  
9 with; their attitudes are changed because of  
10 some particular relationship that has been  
11 established, and it has a permanent effect on  
12 their general feeling of self-worth.

13 PROFESSOR BERTRAND: That  
14 probably would be described in terms of the  
15 effects of the drugs.

16 DR. SCOTT: Yes.

17 THE CHAIRMAN: Any questions  
18 or comments from anyone else here?

19 Thank you very much, Dr. Scott.

20 DR. SCOTT: Thank you.

21 THE CHAIRMAN: I call now  
22 upon Mr. Fisher of the Inter Service Club Council.

23 MR. FISHER: This brief is  
24 submitted by the Inter Service Club Drug Committee  
25 of Kingston, Ontario. The Committee represents  
26 the Kiwanis Club of Kingston, Ontario, the Frontenac  
27 Rotary Club, the Lions Club of Kingston, the Kinsmen  
28 Club of Kingston and the Kingston Jaycees.

29 The Committee has been formed  
30 to investigate the non-medical use of drugs in



1 the Kingston area and to initiate steps for the  
2 elimination of this problem. The Committee members  
3 are from various professions and some have, or  
4 have had contact with users of illicit drugs.

5 All members have read the  
6 available literature on this subject from the  
7 Provincial and Federal government agencies and  
8 are reasonably familiar with the basic facts of  
9 the drug problem. The Committee is promoting  
10 an educational program aimed at parents, school  
11 teachers, and school children at primary and  
12 secondary levels. It is also enlisting as many  
13 other organizations as possible to assist in  
14 this project. Other avenues of action are  
15 also being investigated.

16 In the light of the information  
17 obtained by this Committee to date, we wish to  
18 make the following recommendations to the  
19 Commission, concerning the aspects of this problem  
20 which appear to us to be fundamental:

21 1. Every school, primary  
22 and secondary, should have at least one teacher  
23 who is qualified to lecture upon and give counsel  
24 about the drug problem. To this end, technical  
25 courses on the subject should be provided for  
26 teachers, by all educational authorities. This  
27 need is greatest, in our opinion, in the primary  
28 schools at which level children can be educated  
29 and made aware of the danger before they become  
30 active participants.



The problem of alcohol is often raised to confuse the issue of the legalization of marijuana. We wish to point out that





1 alcohol is a problem that costs society untold  
2 misery and countless millions of dollars annually  
3 in social and medical services.

4 Unfortunately, its use has  
5 become so wide-spread over the centuries that its  
6 prohibition is virtually impossible, as we observed  
7 during the 1920's.

8 The legalization of marijuana  
9 will thus merely be providing society with  
10 another expensive social problem for which future  
11 generations will not thank us. To conclude this  
12 comparison, it seems to us that the appeal of  
13 alcohol and drugs is not equal for any given  
14 individual.

15 Therefore, although we agree that  
16 a person smoking marijuana will not necessarily  
17 expand his experience into the field of hard  
18 drugs, we feel that more people are likely to  
19 follow this path via marijuana than via alcohol.

20 Hence, we would assume that an  
21 increase in marijuana usage would automatically  
22 bring about an increase in hard drug addicts.

23 Greater caution should be  
24 exercised by the medical profession in the  
25 issuing of prescriptions of amphetamines and  
26 and barbiturates/in the disposal of free advertising  
27 samples of these drugs.

28 In addition, all new patent  
29 medicines or new chemical substances being  
30 marketed should be stringently examined by



1 government agencies before marketing approval  
2 to prevent further widespread use of addictive  
3 substances.

4 The Food and Drug Act should  
5 be suitably amended to place any such dangerous  
6 chemical compounds or medicines automatically  
7 on the list of illegal substances.

8 THE CHAIRMAN: Mr. Fisher,  
9 could you tell us a little bit about the  
10 composition of Inter Service Club Council and  
11 how its policy statement became developed  
12 and approved?

13 MR. FISHER: The Service Club  
14 Council was brought together, first of all, by  
15 the Kiwanis Club of Kingston which was acting  
16 in conjunction with a general policy of the  
17 International Kiwanis Club, which have great  
18 emphasis on the drug problem in North America  
19 for the current project.

20 As a result of our investigation  
21 over the past six months or so, we thought that  
22 as an individual club we would not be able to  
23 achieve very much, because of the financial  
24 resources required, and consequently we thought  
25 that if we developed an Inter Service Club  
26 Council to look into the problem, we might be  
27 able to get considerably more action.

28 This was done about two or  
29 three months ago. And after stating the general  
30 aims, or laying down the constitution for the club



1 we heard about this Commission through other  
2 agencies, and decided that one of the first  
3 things we had to do was to submit a brief on  
4 the basis of the knowledge that we had gathered  
5 to this date.

6 The representation on the  
7 council is two members from each of the clubs  
8 mentioned.

9 THE CHAIRMAN: Excuse me, I  
10 want to hear that again.

11 The representation on the council  
12 is two members from ---

13 MR. FISHER: I beg your pardon?

14 THE CHAIRMAN: Two members  
15 from each organization?

16 MR. FISHER: Two members from  
17 each organization, yes.

18 THE CHAIRMAN: How are those  
19 members elected, or appointed to your organization?

20 MR. FISHER: They were appointed  
21 from the Board of Directors from each organization,  
22 and the brief was approved by each of the organ-  
23 izations before it was submitted.

24 THE CHAIRMAN: It was approved  
25 by the executive?

26 MR. FISHER: No, it was approved  
27 by the body of each of the organizations.

28 THE CHAIRMAN: In a general  
29 meeting?

30 MR. FISHER: In a general





1 meeting, yes.

2 THE CHAIRMAN: What do you  
3 contemplate is the ongoing function of this  
4 organization apart from the submission of your  
5 brief to this Commission? Is it contemplated  
6 to have community functions in relation to drug  
7 use?

8 MR. FISHER: As we indicated,  
9 we are investigating other avenues of action  
10 and one of -- two of the avenues are, first of  
11 all, the investigation with the local hospitals  
12 of the possibility of a change in the attitude  
13 and in the application of current rules towards  
14 the treatment of drug addiction.

15 As Dr. Briggs indicated  
16 earlier this morning, many of the drug addicts  
17 feel that they don't get sympathetic treatment  
18 from the medical profession, and as a result I  
19 think that many of them are rather cautious  
20 about approaching the medical profession except  
21 in certain cases.

22 Dr. Briggs is one, but we  
23 see it as sort of an empathy with them. I feel,  
24 and I think I speak for my organization in this, in  
25 order to obtain the correct treatment for the  
26 people who are on drug trips, it is necessary  
27 to have some sort of professional guidance avail-  
28 able, and if necessary, some sort of professional  
29 supervision of the establishment in which this  
30 talking-down from trips is going to take place.



1                   In addition to that, we are  
2                   also involved in an advertising campaign in the  
3                   local press, television, and radio.

4                   THE CHAIRMAN: What is the  
5                   purpose of that kind of campaign?

6                   MR. FISHER: The purpose  
7                   of the campaign was largely to try to educate  
8                   the public and to educate the children, if this  
9                   is at all possible.

10                  Once again, I understand  
11                  that there is a certain -- or I have been told  
12                  that there has been a certain reluctance on the  
13                  part of adolescents especially to accept propa-  
14                  ganda which is put out by groups composed of  
15                  all the people, but at least the attempt has  
16                  to be made.



1 THE CHAIRMAN: But what I  
2 want to understand is by education, what kind of  
3 material, what kind of statements ---

4 MR. FISHER: Most of the  
5 material we have available is material which has  
6 been given to us by the Addiction Research Foundation  
7 of the Ontario Government and these pamphlets or  
8 brochures indicate the effects of the drug  
9 and also give both the user and non-user alike  
10 some indication of what can be the result.

11 MR. STEIN: You mentioned  
12 on the first page of your submission that the  
13 members are from various professions.  
14 Do you presently have loss of communication with  
15 persons in the youth community?

16 MR. FISHER: It depends on  
17 what you mean by the youth community. We have  
18 communication with some of the organizations  
19 which are associated with youth. For instance  
20 we have had some contact with the Boys' Clubs  
21 Association, but so far as the adolescent groups  
22 which are on the drug scene, shall we say,  
23 these people don't particularly belong to any  
24 organization per se.

25 There was an organization in  
26 this city which existed in the latter part of 1969,  
27 which I understand has collapsed and we did have  
28 preliminary contacts with this organization.

29 MR. STEIN: What sort of a  
30 group was this?





1 MR. FISHER: It was a group  
2 which was organized by Mr. Mahoney, who is going  
3 to give a brief this afternoon, so consequently  
4 I don't want to enlarge too much upon this,  
5 but anyhow it was a group of young people who had  
6 been associated either actively or just on the  
7 fringes of that group.

8 THE CHAIRMAN: Do you feel  
9 that there should be a community organization of  
10 some kind to represent if possible -- to consider  
11 this whole question, develop community policy?  
12 This seems to be what is suggested by you  
13 initially here. What do you feel about the general  
14 problem of representative character and associating  
15 all of the necessary experience ---

16 MR. FISHER: I think that  
17 it is necessary to get as many organizations  
18 involved in this as possible, because this  
19 basically is a community problem. The drug  
20 problem is not just something which has grown  
21 up of its own accord. There is mostly the  
22 element of business behind it, as Dr. Scott has  
23 pointed out, but in addition to that the reason  
24 why the young people are so anxious or so willing  
25 to accept the drugs is part and parcel of our  
26 general social picture, the fact that there is  
27 mainly a lack of communication in the home.  
28 In many cases, many of the children don't see  
29 their parents from eight o'clock in the morning  
30 until six o'clock at night due to the fact that



1 both parents are working. . . . This is one  
2 problem and there is also the problem of television  
3 which once again inhibits conversation in the  
4 home and so consequently cuts down on any sort of  
5 communication between the two groups. And many  
6 of these things, I think, have to be explored.  
7 By contacting as many organizations as possible,  
8 you will get this information across to as many  
9 forms as possible, that they have to maintain  
10 some sort of understanding with their children,  
11 right through to adolescents.

12 THE CHAIRMAN: Are there  
13 any other questions or observations?

14 Yes, would you like to come  
15 to the microphone?

16 THE PUBLIC: What I have to  
17 say does not relate directly to what this  
18 person said. My name is Colin Turner and  
19 I feel that I have to speak out because I feel  
20 that a lot of what has been said this morning  
21 has been very alarming and very unrealistic.

22 I think there is dispute  
23 that certain drugs, when taken by certain people  
24 in certain amounts, will cause very deleterious  
25 reactions, bad trips and that sort of thing.  
26 But I think aside from this sort of thing, to bad  
27 trips through addiction, these were words which  
28 were tossed around all morning I think you  
29 must realize that probably the greatest proportion  
30 of drugs taken is perhaps not quite so bad and I



And I think the problem of the organizations is that most of this information is second hand. It is information from government agencies and that sort of thing, and the parents get their information from these agencies and magazines and newspapers and probably when you talk to kids about drugs, is that they are probably -- parents don't really know much about it. They are not really experts and they don't go to talk to the kids, and these kids are experts. They have much better experience with drugs than the adults and they don't say that marijuana can lead to heroin -- they don't know, because a lot of kids who have taken marijuana all find out it is a harmless drug, if taken in some ways, and a lot of them don't use LSD and heroin and things like that, and there is going to be a big credibility gap right from the start. I think what is needed is to be rational--there has to be more research into each drug on the effects so that we can tell the kids what we have been





1 saying about marijuana is not right. Marijuana  
2 is probably not as bad as alcohol. I can speak  
3 from my experience now. I know kids who have  
4 been taking speed, LSD and things like that,  
5 but I know lots of high school kids and  
6 university people, medical students and non-  
7 medical students that take a drug like marijuana  
8 which is not differentiated from other drugs  
9 in the Narcotics Control Act.

10 The government thinks that  
11 marijuana is very dangerous, like morphine, like  
12 heroin and all these people take marijuana  
13 maybe once a week or less and that to experience  
14 the sensation, and a lot of them wonder what  
15 people are talking about when they talk about  
16 marijuana psychedelic visions and things like  
17 that. A lot of them just feel extremely  
18 relaxed; it feels like they have been drinking  
19 some beer, only they have not the unpleasant  
20 sensations the day after; people just wanting  
21 some sort of relaxation and not experiencing  
22 bad effects.

23 I think most parents,  
24 government and enforcement branches are very lax  
25 in this respect, and they perpetuate quite a  
26 credibility gap. Thank you.

27 DR. FISHER: May I answer  
28 to that, please?

29 THE CHAIRMAN: Yes.

30 DR. FISHER: In the first place



1 you indicated that the kids know a lot more about  
2 it than we do. They are experts and we are  
3 not. I would like to differ there. In the  
4 first place I don't claim to be an expert and  
5 neither does anybody in this group, but we  
6 have at least read what experts say.

7 Now the experts do not  
8 say this about marijuana, they say that they  
9 don't know, and this is all that we have stated  
10 in the brief, that we should not make any  
11 change in marijuana until it is found out  
12 exactly what the long term results are.

13 As a matter of fact, some governments have had  
14 marijuana legalized; a number have changed the  
15 rules, and they have made it illegal, because  
16 they found that it produces a general lethargy  
17 in the population.

18 This is an actual fact.

19 Now with respect to its  
20 psychological dependency, one of the promoters  
21 of the marijuana scene, Dr. Rhine, Professor  
22 Rhine, has indicated that he believes that one  
23 of the reasons for the large increase in addiction  
24 to heroin amongst high school students is due  
25 to the shortage of marijuana on the New York  
26 scene. So therefore if there is not a  
27 psychological dependency to this, why is it  
28 that kids go to heroin, which they know is  
29 physically dependent, or produces a physical  
30 dependency, instead of going to some other more



1 harmless form of drug like alcohol, which is  
2 available, legally.

3 I am not putting out any  
4 brief for alcohol. I don't have a brief for  
5 any type of drug, because I think that any  
6 drug which is taken to the extent that it  
7 produces a dependency is destructive on  
8 human beings. Or what I try to do, and I  
9 think the majority of people in my group, are  
10 trying to do, is to ensure that this doesn't  
11 happen to the next generation. After all we  
12 have an interest in it, because our kids are  
13 involved.





1 THE PUBLIC: As long as  
2 people keep an open mind, I think the problems  
3 will be minimized .

4 And I would like to pose a  
5 theoretical question to you now. I am not sure  
6 of the number of alcoholics there are in Ontario.  
7 I think it is 400,000 or something like that. It  
8 doesn't matter anyway.

9 If these people were replaced  
10 all by people who were addicted to drugs, would  
11 you consider that just as good, or just as bad  
12 as having the 400,000 alcoholics that we have  
13 now?

14 MR. FISHER: I deplore the  
15 fact that there are a given number of alcoholics  
16 in Ontario. It isn't anywhere near 400,000  
17 incidentally, but it is a large number. It  
18 would be two or three percent of the population  
19 and I deplore this fact.

20 But why allowing drugs to  
21 come in, the drugs which are currently prohibited?  
22 You are not going to decrease the number of  
23 alcoholics, you are merely going to increase the  
24 number of dependents on drugs by the number who  
25 are going to become dependent upon the presently  
26 prohibited drugs, and the number of alcoholics  
27 will still remain the same.

28 You are not asking me the  
29 question of whether I would like one or the other,  
30 you are asking me the question of whether I would



1 want to double the number of people that I have  
2 to support, and that you will have to support out  
3 of your tax money, whether you like it or not.

4 THE PUBLIC: This is where  
5 I disagree with you. There has been inadequate  
6 research in this field, but I think our alcoholics  
7 in the future will be our drug addicts, and I  
8 think there will be fewer alcoholics, because I  
9 think kids aren't hung up on alcohol like their  
10 parents, they are hung up on drugs, and I suggest  
11 you might just have the same problem.

12 It seems to be an addictive  
13 type of personality. In the past we took alcohol  
14 because it was available, and in the future it  
15 is going to be taking hard drugs.

16 So I don't think I agree with  
17 you when you say the problem is going to be  
18 doubled.

19 MR. FISHER: You may not  
20 agree with me. This is something that neither  
21 of us can state with any authority, because we  
22 just don't know, but the chances are that this  
23 is what would very likely happen.

24 You see, the point is that  
25 the amount of sale of any particular item is  
26 going to depend upon the amount of advertising  
27 and the alcohol industry has a tremendous  
28 investment in its product, and under these circum-  
29 stances has got a tremendous amount of capital  
30 that can be put in to ensure that the amount of



1        alcoholics in our society remain at a constant  
2        level.

3                                By the same token, and anybody  
4        that gets into the sales of the -- illegal sale  
5        of other drugs which are currently now prohibited,  
6        will also pour a tremendous amount of money  
7        into the sale of these drugs, in order to ensure  
8        that they make as much money as possible out of  
9        it, and, by the same token, produce a large  
10       number of addicts, and this would be true of  
11       marijuana if the cigarette companies decide, or  
12       get the right to produce it.

13                              THE PUBLIC: I just say  
14        to keep an open mind, especially about  
15        marijuana, that's all.

16                              THE CHAIRMAN: Thank you.  
17        Professor Bertrand?

18                              PROFESSOR BERTRAND: I guess  
19        you started your comments by saying in your  
20        opinion in this city, or perhaps in this country,  
21        much of the use of the drug was to be taken more  
22        lightly than your speakers this morning seemed  
23        to take it.

24                              I guess also you mentioned you  
25        felt it was taken for relaxation, pleasure.

26                              So actually we are faced with  
27        on the one hand, the opinion of people who say  
28        there is a drug problem, a probe into this problem,  
29        and then on the other hand I guess you would say  
30        the greatest part of the users, of the problem





1           users and their drug use problem; am I right?

2                   THE PUBLIC: Yes.

3                   PROFESSOR BERTRAND: Now, if  
4           you feel -- what do you feel is the extent of  
5           use, the pattern of use           whatever you know,  
6           what part of addiction among, let's say, the  
7           young users and the not so young, would have in  
8           the drug problem?

9                   THE PUBLIC: Well, I can't  
10          answer you on these things. I don't have any  
11          hard statistics, but there is a drug problem,  
12          definitely.

13                   But we have got to remember  
14          that the problem isn't necessarily caused by  
15          the drug. The problem I think is caused by  
16          many other things.

17                   I think, it is a weird thing  
18          that anybody buys it -- it costs ten dollars --  
19          it would give some weird effect, and if there  
20          weren't any drugs around, he would probably do  
21          that today, because society is changing people  
22          so much, that they need something. It is just  
23          that drugs are here.

24                   About the extent of the drug  
25          problem, I really can't answer that question. All  
26          I can say is that we tend to think in terms of  
27          drug problem because we see the bad effects, we  
28          see -- statistics see a certain number of kids  
29          in hospitals that have gone on to heroin, and  
30          then they are able to see that 80 percent of



1           those kids took marijuana before they took heroin.

2                               But they have got to remember  
3           also that 90 percent of them took alcohol, so  
4           does alcohol cause people to take heroin by those  
5           statistics?

6                               And I think the epidemiological  
7           survey of drug use in general, we have to find  
8           out how many people use drugs that do not  
9           constitute a problem.

10                              I can't answer your question.

11                              THE CHAIRMAN: What should  
12           our general attitude towards the non-medical  
13           drug use be?

14                              THE PUBLIC: I think our  
15           general attitude should be as rational as  
16           possible, and we should encourage and finance  
17           unbiased epidemiological surveys to find out  
18           what proportion of drug use is a problem, and  
19           what proportion isn't.

20                              THE CHAIRMAN: Well, I know,  
21           but apart from our approach, apart from our  
22           methods of inquiry, apart from getting at the  
23           facts, assuming the existence of non-medical  
24           drug use, and assuming its use by a significant  
25           proportion today, what is to be our attitude  
26           towards it in terms of social response in  
27           society?

28                              I am not referring specifically  
29           to law, I am referring specifically to education.  
30           What is to be our attitude? Are we to be



1           indifferent about it; are we to make distinctions  
2           about it? What is to be our general attitude,  
3           our general concern?

4                       THE PUBLIC: At this stage,  
5           when we don't know very much we should be very  
6           concerned, and interested, but when we know more  
7           about it we should be concerned about those who  
8           are presenting problems in non-medical drug use,  
9           and those that do not present problems, those  
10          that can live pretty good lives with the non-  
11          medical use of drugs should be left to do so.

12                      THE CHAIRMAN: What is your  
13          concept of the problem?

14                      I am not speaking now of the  
15          extent of the use; I am speaking just in the  
16          context of your last remark.

17                      What is your conception of  
18          a problem in the individual non-medical use of  
19          drugs? What kind of a problem are we talking  
20          about?

21                      THE PUBLIC: As I say, the  
22          problem is the person who cannot live a happy  
23          and rewarding life.

24                      THE CHAIRMAN: Cannot live a  
25          happy and rewarding life.

26                      THE PUBLIC: Happy and rewarding  
27          life.

28                      THE CHAIRMAN: What do you  
29          mean by rewarding life?

30                      THE PUBLIC: That is very





1 hard to define. I think you would have to  
2 forget about rewarding and say a happy life.

3 THE CHAIRMAN: So when does  
4 drug use become a problem in terms of leading  
5 a happy life.

6 THE PUBLIC: I think that  
7 most kids who have problems with drugs, they  
8 might be happy during the time  
9 they are taking drugs, but from what I have seen,  
10 they go into terrible periods of depression, and  
11 get very anguished, and -- this wouldn't come  
12 under my definition of happy.

13 THE CHAIRMAN: Do I understand  
14 you to say that your conception of drug use --  
15 of when non-medical drug use becomes a problem,  
16 is that it becomes a problem when it interferes  
17 with a happy and rewarding life?

18 THE PUBLIC: I think so,  
19 because people are unhappy, and when people  
20 don't feel that -- when I say people aren't  
21 happy, they tend to be less normal, and tend  
22 not to do things to make their life rewarding.

23 I think it is all a question  
24 of mood.

25 THE CHAIRMAN: All a question  
26 of ---

27 THE PUBLIC: Mood. Happiness  
28 means a good mood, motivated mood. Unhappy  
29 means unmotivated.

30 People go into certain periods



1 when they are not very well motivated, their  
2 moods are low, and it becomes a problem to them.

3 This -- my definition is  
4 really simplistic. I haven't really thought  
5 about it that much.

6 THE CHAIRMAN: This is the  
7 determination of a problem looking at each  
8 individual case?

9 THE PUBLIC: Yes.

10 THE CHAIRMAN: Do you have  
11 any attitude towards non-medical drug use as  
12 a phenomena generally in terms to its effect  
13 on society as a whole?

14 THE PUBLIC: Yes, I do. I  
15 think our society pushes us to  
16 non-medical use of drugs because it presents  
17 a series of stimuli all the time we don't like,  
18 we want to escape from.

19 The only problem I could see  
20 is that perhaps drug use could become so prevalent  
21 people wouldn't bother in changing society, and  
22 that perhaps could be the greatest danger in  
23 my mind.

24 But then again, we have to  
25 do research on this.

26 THE CHAIRMAN: Thank you.

27 THE PUBLIC: I think what I  
28 have to say is, I just want to know in what  
29 each of  
30 capacity were/the Commission members appointed  
other than concerned citizens.



1 I have heard you refer to  
2 Mr. Campbell as "Dean" Campbell, and Mademoiselle  
3 Bertrand as Professor Bertrand.

4 I am interested in their  
5 particular expertise.

6 THE CHAIRMAN: Yes. I wasn't  
7 a party, of course, to the discussion which led  
8 to the appointment of the various members of the  
9 Commission, and I am not sure to the extent to  
10 which the expertise, or the presumed expertise  
11 of the individual members was a consideration,  
12 but as a matter of fact, Dean Campbell is Dean  
13 of Arts and Science at Sir George Williams  
14 University, and formerly Dean of Arts at Bishops  
15 and sociologist.

16 Dr. Heniz Lehmann, who was  
17 unable to be here today, is a clinical psychiatrist,  
18 a clinical director of Saint Michaels Hospital  
19 in Montreal.

20 You made reference to me; my  
21 background is in law.

22 Professor Bertrand is a  
23 criminologist and Mr. Stein is a social worker  
24 with a great deal of experience with the correction  
25 service and probation and also youth work.

26 I suppose it is of some help  
27 to have these varied backgrounds, but personally  
28 I would like to think that we were appointed as  
29 citizens who would look at this question with an  
30 open mind, and I think we are as conscious -- we





1           have to be conscious of what might be our own  
2           professional bias, or our own presumed expertise.

3                               I am going a little bit  
4           beyond what you -- but I am attempting to perhaps  
5           answer what I am assuming may be behind ---

6                               PROFESSOR BERTRAND: Are you  
7           concerned about the absence of some persons you  
8           would like to see?

9                               THE PUBLIC: No. I would  
10          like to maybe perhaps canvas your opinion  
11          individually as to what you think of the role  
12          of the Commission, and what weight the Commission  
13          report might have on any future legislation,  
14          because I am very concerned. I think I am  
15          fairly well versed in the United States legis-  
16          lation regarding drug laws, and how it came  
17          about, and I find there is more misinformation  
18          than anything else, and I wonder -- I was just  
19          very curious on how you regard this.



1 THE CHAIRMAN: Well, we can't  
2 make any prediction as to that. Quite frankly  
3 I don't think it would make too much of a  
4 consideration. We have to inquire and make  
5 recommendations, to inquire into the social  
6 significance of the phenomenon, and what to do  
7 alone or with other governments and in the  
8 exact words of our terms of reference, "to reduce  
9 the dimensions of the problem" and we are an  
10 independent Commission and we examine our own  
11 terms of reference in terms of how we think  
12 they should be interpreted and we don't know  
13 whether people agree with the aspect in which  
14 we place this problem and we can't think  
15 in terms of political expediency. But we have  
16 taken a bit upon ourselves to try to develop  
17 a discussion of this issue, because we feel  
18 that it is important as a means of informing  
19 ourselves to get these views in a kind of  
20 public forum because we do feel that attitudes  
21 are one of the very important social facts,  
22 the facts of effect and extent on motivation,  
23 but the attitudes themselves, the perception of  
24 problems like this, are among the social factors  
25 related to the phenomena in terms of our terms  
26 of reference. So in the purpose of our  
27 inquiry there is no doubt that public opinion  
28 has had and contributed to our inquiry but we  
29 don't know what is going to be done with that.  
30 We are doing our best to do our own job and to



1 provide -- hopefully we will be getting out  
2 our report.

3 Yes, there is a gentleman  
4 at the microphone?

5 THE PUBLIC: I would just  
6 like to make a few comments on my own, not  
7 necessarily in connection with any of the  
8 previous comments.

9 About the aspect of  
10 marijuana, one thing that really bothers me is  
11 when the laws were made against marijuana, I think,  
12 back in 1937 or so. These laws were not based  
13 on any scientific evidence, as far as I can see,  
14 but they were based on more or less myth and  
15 supposition, and perhaps I think this is a bad  
16 situation when this sort of thing happens.

17 Now, I realize that scientific  
18 evidence is not the only factor that should be  
19 taken into account when we are considering  
20 changing laws or making regulations concerning  
21 this, but I think it is the major one to form  
22 a basis concerning regulations, rather than  
23 relying on your emotions further than that.

24 Another thing I would like  
25 to say is, that as far as the situation now  
26 concerning marijuana, it seems to me that it is  
27 unreasonable to expect that only people who  
28 --that there are only a few people who are  
29 using these drugs. I think it is used to a  
30 certain extent by professional people, and people





1 in the older generation, and it bothers me  
2 that you never hear in the papers about these  
3 people being arrested. It is only the young  
4 people.

5 Now I think that shows  
6 something that is not good.

7 Another thing is, it seems to me,  
8 that the whole question is not being approached  
9 really by people in an open-minded way, because  
10 for instance something that happened in this  
11 city about two weeks ago, at a public school,  
12 the children were sent home who petitioned against  
13 the legalization of marijuana and I think this is  
14 really bad. And I think this is bad if all of  
15 the parents -- and my kid brought home a  
16 petition from the school against the legalization  
17 of marijuana, because to a certain extent you  
18 feel obligated to sign this, even if you don't  
19 know anything about it or have feelings one  
20 way or another. And it seems to me that this  
21 is indicative of a general feeling of concern  
22 that most people are polarized. They feel  
23 strongly about it, and in this way they let  
24 their emotions control what they are thinking  
25 about in an irrational way. And I have  
26 a question about the use of marijuana pertaining  
27 to the use of harder drugs because I think  
28 as far as statistics go, there is something like  
29 60% of heroin users have used marijuana but 30%  
30 have used alcohol before, so there is a parallel



1       there.

2                               Now I was reading an  
3       article in the December issue of the Scientific  
4       American and it said a person who was writing  
5       this article on marijuana said that there was  
6       no scientific evidence to show that the use  
7       of marijuana will necessarily lead to the use  
8       of harder drugs.

9                               THE CHAIRMAN:     Thank you  
10       very much.

11                              We call now upon Mr. Stuart  
12       Ryan of the Faculty of Law.

13                              MR. RYAN:        Mr. Chairman,  
14       I don't think I am going to tell the members of  
15       the Commission anything, at least very much  
16       that they don't already know, but I would like  
17       to emphasise some features of the patterns of  
18       drug use and the development in this country.

19                              The first is that we are  
20       not an isolated community, that the new patterns of  
21       drug use that we see in Canada are part of a  
22       movement that is sweeping throughout Western  
23       society.

24                              I had the opportunity of  
25       observing this in progress for one year when I  
26       was in Britain between 1967 and 1968 when I  
27       was able to meet a large number of people who  
28       are engaged in studying and attempting to deal  
29       with a large number of drug problems, including  
30       members of the Metropolitan Police, the Municipal



1 Health, scientific and medical experts on  
2 drug dependency and members of society such as the  
3 Association for Prevention of Addiction, working  
4 under the leadership of Father Kenneth Leach,  
5 and Mr. Jeffrey Worthington and meeting a  
6 number of drug users and also to contact  
7 other drug users in Britain.

8 I was able to see that the  
9 movement going on there was simply a development  
10 that was going on through Western Europe and  
11 I think as a matter of fact, behind the Iron  
12 Curtain as well, and of course it is already  
13 known what the upsurge in the use of various  
14 drugs<sup>is</sup>/that has occurred in the United States.

15 So it was inevitable, particularly in view  
16 of the much greater mobility of young Canadians,  
17 as has occurred in the last decade, when you  
18 find it spread through Asia and parts of  
19 Africa and North America, it was inevitable  
20 that this pattern would be reflected in the  
21 changes in drug use in this country. And what  
22 I saw in Britain in the year that I was there,  
23 is now apparently being repeated here, and many  
24 similar movements are going on, and other  
25 references made by the last speaker to the fact  
26 that older people are no doubt using marijuana  
27 as well as other drugs, I have no doubt that he  
28 is correct, nevertheless in a large measure  
29 this is a phenomena of young people.

30 The drug problem that





1 developed in Britain between 1955 and the  
2 present time is very largely, we find, at least  
3 in origin, to the young people who are of the  
4 age of thirteen and fourteen, and begin using  
5 amphetamines and often barbiturates. Then perhaps  
6 before they leave school they are smoking marijuana.

7 Now, some of them do indeed  
8 go on to use heroin and in fact the combined use  
9 of drugs what is called multiple drug abuse,  
10 is a characteristic of this drug culture. The  
11 theory that young people will use marijuana  
12 and don't use other drugs, does not seem to be  
13 borne out by the studies that have been made.  
14 Certainly it has not been borne out in my  
15 experience in Britain and a recent survey that  
16 I had mentioned to me, only last Saturday, which  
17 I haven't seen published, was conducted in  
18 California and apparently shows that marijuana  
19 is used considerably there by older people and  
20 the people who use it most also use tobacco  
21 and alcohol and that is characteristic of the  
22 British scene as well.

23 Now, the fact that this is  
24 a widespread social phenomena and not on any particular  
25 pattern of individuals, I think creates a problem  
26 which is nominal in drug use in this country at  
27 any rate, in our time. The last speaker's  
28 reference to the petition brought from school  
29 reminds me of the days when I was in public  
30 school from 1916 to 1919, when we all belonged to



1 the Loyal Temperance League and we were shown  
2 pictures of cirrlosed liver and all things like  
3 this, and we all laughed later of course, because  
4 this was very very funny. But now, of course, we  
5 know it is true, and<sup>if</sup>/the incidents of alcoholism  
6 in any country could be measured by a formula  
7 which has relation to the number of deaths from  
8 cirrlosis. We also know, however, that  
9 the efforts to eliminate the use of alcohol  
10 by prohibition not only in the United States,  
11 but also in this province, failed dismally  
12 and when this occurred, because a very large  
13 part of the influential elements of society  
14 simply refused to give up the use of the drug.

15 And I think we can see  
16 from that experience an indication of what is  
17 going to happen in this country as well as  
18 elsewhere in relation to some of these drugs,  
19 particularly marijuana.

20 In my opinion, the use  
21 of marijuana has become so common, particularly  
22 among the younger people, not only generally,  
23 but in the influential social groups, that  
24 these people are going to continue to regard  
25 marijuana when they are exercising political  
26 power in a manner similar to that which they  
27 now regard it, as a relatively harmless--at  
28 any rate, less harmful than alcohol and tobacco.

29 I don't know if it is  
30 harmless or not, but I know all available evidence



has for far failed to prove that it is harmful. It may be harmful, but also all available evidence shows that alcohol is a very harmful drug, and all available evidence also shows that tobacco is a very harmful drug, yet it is not considered too feasible to eliminate the use of these by prohibition and it is my submission that it will not prove feasible to eliminate the use of marijuana by the measures that we have adopted. My further submission is that the continuation of these measures will extend development which has already taken place, and that is among an increasingly large and increasingly influential segment of the population; the law and enforcement for it is being seen in contempt; and as a person who is in contact with students and young people constantly, and also, I might say, of parents of a number of them who get into trouble, I find that this phenomenon is already occurring. But the R.C.M.P. who are charged with the administration of the Narcotic Control Act, and who are only doing their duty are now regarded with hostility and in many cases contempt by what I believe are increasingly influential groups in our population.

And I think that this movement will go on if we require the R.C.M. Police to enforce the marijuana laws any further and they will become relatively ineffective to the sentiment that has developed against them.

(Page 88 follows)





For this reason I suggest that we have to look at our policy with regard to marijuana, as with regard to all other drugs, from a very cold blooded realistic point of view.

We have to ask ourselves, what is the social good we think we are attaining, by prohibiting the possession of marijuana? And we have to ask ourselves conversely, what is the social harm that we are creating by the machinery, the operation of the machinery, which we have set up to enforce that law?

My submission is that the social harm we are now creating and will create by maintaining the present law, will be far greater than any other social good we can hope to gain if we could prevent the use of the drug.

Now I don't think we can prevent it effectively. I think it will be agreed by all, that whereas if we know that the number of arrests and convictions for the use of marijuana, for trafficking in marijuana, have grown astronomically, They bear no relation whatsoever to the extended use of the drug. I can't tell you how much use there is in Kingston; I don't know who can.

But it is rather interesting, and I think Dr. Briggs mentioned earlier today, he hasn't any experience in his clinic of young people who have had bad effects from marijuana.

The same seems to be true



1 with the Queen's Health Service, as I have  
2 learned.

3 And yet, all estimates that  
4 I have been able to obtain from students and  
5 others, suggest that at least half of the  
6 students at this university are using marijuana  
7 occasionally.

8 I can't verify this. There  
9 are no facts to support it, that I know of.  
10 The Alcohol Addiction Research Foundation of  
11 Ontario has refused grants for further surveys  
12 by universities. They take the position at  
13 the last meeting, that the surveys of St. Ignatius  
14 College, of which I think you have reports,  
15 states a pattern of reasonable modification  
16 and accurate representation of extended use of  
17 drugs in the universities. I can't vouch for  
18 this; I can't tell you what use there is; I can  
19 suggest a figure that has been stated to me by  
20 a number of students, and that is about 50 percent  
21 are using marijuana.

22 Among the younger students,  
23 I am not sure what information you have received,  
24 but amongst young people, where the students are  
25 under high school age, there is  
26 information that there is more use of acid than  
27 among university students.

28 Whether this has been verified--  
29 I don't know how it could be verified, but we  
30 understand that a very young person being intro-



1       duced into drugs is more inclined to experiment  
2       and to try multiple drug abuse and particularly  
3       acid and speed.

4                       And perhaps on becoming  
5       older, he becomes stabilized, and perhaps sticks  
6       to marijuana and alcohol, and tobacco. I can't  
7       vouch for this, but this is what is suggested  
8       as the pattern.

9                       But the basic submission I  
10      would make is that we are defeating our own  
11      purpose in treating marijuana as an equivalent  
12      to a narcotic.

13                      Now, of course, all members  
14      of the Commission know it is not a narcotic,  
15      but it is treated as if it were for the purposes  
16      of the law, and it is therefore classed with  
17      heroin.

18                      Now in Britain, and in the  
19      United States and in Puerto Rico, three countries,  
20      there has been a tendency on the part of some  
21      marijuana users to move on to heroin. This is  
22      not proof that there is a necessary sequence,  
23      marijuana to heroin.

24                      But in the United States both  
25      drugs are equally illegal, so there is an  
26      association of illegality between the marijuana  
27      culture, and the heroin culture, which may have  
28      a significance here, I don't know.

29                      In Britain, marijuana is  
30      illegal, but heroin can be legally obtained if





1       you are registered as an addict, and are put on  
2       the register of one of the sixteen or eighteen  
3       clinics.

4                               And I may say they give out  
5       heroin with what I gather to be a very reckless  
6       generosity. But it would seem therefore  
7       appropriate to move from an illegal drug, to  
8       a legal one, where heroin is legal.

9                               Whether this has any relation-  
10      ship, any reference to this sequence, that does  
11      occur, and which some young people<sup>do</sup> in Britain  
12      at the age of about sixteen, I don't know. But  
13      it has been suggested.

14                              Now up to last year, up until  
15      1968, there was not very much evidence in  
16      Canada of the use of heroin by the young  
17      people. I believe there were only about thirty-  
18      one known to be users of heroin under twenty,  
19      as far as the records of the Department of  
20      National Health and Welfare were concerned.

21                              I read in the papers the  
22      other day that there is a considerable uprise  
23      in this group of heroin users in Vancouver during  
24      the year 1969, and I suggest that the Committee  
25      might be interested -- and will note this  
26      phenomenon, and notice whether this is connected  
27      with the use of marijuana.

28                              My suggestion is, if marijuana  
29      were legal, and heroin not, it might be possible  
30      to separate the heroin culture from the marijuana



1 culture, and I can produce no data to support  
2 this, except the belief that if young people  
3 could obtain marijuana the way they can alcohol  
4 and tobacco, they would more likely be satisfied  
5 with it, than when they have to go on the black  
6 market for it, a black market that also affords  
7 heroin.

8 Dr. Briggs also mentioned  
9 that heroin users can go to Toronto because of  
10 the supply. That is true. But there is  
11 believed to be a source of supply here in Kingston  
12 I can't vouch for it; I just hear it. And it is  
13 believed that there is a small group of heroin  
14 users here.

15 As far as I know, they are  
16 older people, they are mostly people who have  
17 become heroin users as relatively adults. They  
18 are not young people who have graduated from  
19 marijuana to heroin, but nevertheless the drug  
20 is sold in the same black market as marijuana.

21 The same is true of cocaine.  
22 Cocaine is apparently -- had been apparently  
23 introduced to cocaine last year, and any seizure  
24 of any part of it occurred a few weeks ago, and  
25 Dr. Briggs mentioned that he had a few people  
26 that were on cocaine, and the word I hear is  
27 that there is cocaine available on the black  
28 market in Kingston.

29 Now this is a very dangerous  
30 drug, and as the members of the Commission know



1           and there is a tendency now in Britain as well  
2           as in the United States to use cocaine and heroin  
3           together.

4                       As a matter of fact, cocaine,  
5           heroin and speed are used together. They tell  
6           me that this is the real ultimate, if you want  
7           something that will give you absolute stimulation  
8           and absolute euphoria, that was it.

9                       What else it does to you, I  
10          would be afraid to guess. But if we could, as  
11          I suggest, by making marijuana legal, separate  
12          the use of marijuana and the marijuana culture  
13          from the use of these other drugs, I think we  
14          would gain something.

15                      And this leads me to the  
16          suggestion that speed and the amphetamines  
17          generally, and barbiturates generally, are  
18          not adequately controlled. We treat marijuana  
19          as if it were a very dangerous drug, and it  
20          has not been proved to be very dangerous. We  
21          do not treat amphetamines and barbiturates as  
22          very dangerous drugs, and I don't need to tell  
23          the members of the Commission that they are  
24          very dangerous.

25                      Now this is a surprising thing.  
26          I have discovered that many members of the medical  
27          profession are ignorant of the fact that you can  
28          become "hooked" on barbiturates, and they buy  
29          the prescribed barbiturates as if they were  
30          harmless tranquilizers, or as the Commission knows





1           they are very dangerous drugs.

2                           I mentioned this to a member  
3           of the Queen's staff, less than two weeks ago,  
4           and he was astonished, in fact he didn't believe  
5           it. He said he had never met it clinically in  
6           his experience, but how was he to know how many  
7           of his patients are sitting at home hooked on  
8           barbiturates.

9                           He never will know, probably,  
10          and yet they are. We can believe that there  
11          are ten times as many barbiturate addicts in  
12          this country, as there are heroin addicts, but  
13          they are very carefully concealed at home, most  
14          of them, or else they are in different situations  
15          and it just doesn't show up.

16                          The same thing with the use  
17          of amphetamines. We know this is a very dangerous  
18          drug, we know that it is being used by people  
19          in high social and economic positions, professional  
20          people and others, but it doesn't show.

21                          But of course, it is legal  
22          to have it, legal to have barbiturates. People  
23          who are dependent on these drugs are not as  
24          common in this horizon or the landscape as people  
25          who are on heroin, or the young innocents who  
26          are on marijuana.

27                          So my respectful submission  
28          is that we should be more concerned with  
29          amphetamines and barbiturates, and separate the  
30          marijuana culture from the heroin, cocaine, speed



1 and so on, culture.

2 THE CHAIRMAN: Professor  
3 Bertrand?

4 I am just wondering,  
5 Professor Ryan, we are due to go to the  
6 university at 12:30. Apparently there is  
7 some lunch laid for us close by at the moment,  
8 and I am wondering if it would be inconveniencing  
9 you too much if you could return this afternoon  
10 at 2:30.

11 MR. RYAN: 2:30? I could be  
12 here.

13 THE CHAIRMAN: I think we  
14 have a lot of questions of you, and we would  
15 like to question you as fully as possible on  
16 your experience and judgment.

17 Would it be possible?

18 MR. RYAN: Yes.

19 THE CHAIRMAN: Thank you  
20 very much.

21 Before we adjourn this  
22 morning, I wonder is Dr. George Scott present?

23 Excuse me, Dr. Laverty?

24 Dr. Laverty, there was  
25 some misunderstanding of the scheduled time of  
26 your submission this morning, and so we will  
27 proceed the way we did I am wondering if it  
28 would be at all convenient for you to return  
29 this afternoon?  
30



1 DR. LAVERTY: By all means.

2 THE CHAIRMAN: Thank you  
3 very much.

4 We will adjourn now, and we  
5 will be at Queen's University, Grant Hall, from  
6 12:30 until 2, and we will return at 2:30.

7  
8 --- Upon adjourning at 12:15 P.M.  
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1        ---Upon commencing at 2:35 p.m.

2                                THE CHAIRMAN: We will resume  
3        our hearing now.... We apologize for keeping you  
4        waiting, but it went a little bit longer than we  
5        had planned. I would like to continue now on  
6        the questions for Professor Ryan. You will  
7        recall that Professor Ryan told us this morning  
8        that he had made some investigation of the  
9        situation in England and in Europe.

10                              MR. RYAN: I wasn't in  
11        Europe myself, but all I know about Europe is  
12        what I have heard second or third hand.

13                              MR. STEIN: Could you give us  
14        an indication of your evaluation or knowledge  
15        of the legal and medical treatment of the  
16        phenomena now in England. What do you know  
17        about it?

18                              MR. RYAN: The British  
19        medical profession of course still uses heroin  
20        therapeutically. I believe it may be the  
21        only nation in the civilized world that still  
22        does. But nevertheless, they do, and they  
23        regard it as a very valuable drug. They refuse  
24        to give it up. Some members of the profession  
25        in recent years were notorious for abusing the  
26        privilege which the physician had, until 1968,  
27        of prescribing heroin for the treatment of  
28        addicts for their addiction, and they were  
29        grossly over-prescribing with the result that  
30        they were not only not succeeding in their



1       professed policy of stabilizing the addict and  
2       then reducing the dosage by a sort of weaning  
3       process but they were creating surpluses where  
4       addicts were able to give away or sell on the  
5       black market.       As a result, following studies  
6       which really startled the British, because  
7       they had had no idea until around 1966 of  
8       the actual amount of heroin used in Britain,  
9       and they became aware of the fact that  
10      it was increasing at a very rapid rate, they  
11      introduced a change in policy in 1968 by which  
12      the private physician was deprived of the  
13      authority to prescribe heroin for this purpose  
14      and authority was confined only to psychiatrists  
15      and other physicians on the staff of a number  
16      of clinics all of which are attached to hospitals.

17                               I interviewed the psychiatrists  
18      in charge of the St. Clements Hospital in the east  
19      end, and Cherry Cross Hospital. And at that  
20      hospital I didn't meet the psychiatrists, I  
21      met the nurses and I met some of the nurses  
22      from the Maxie Hospital and I found out what  
23      had been done at the clinics and I find that  
24      in order to be registered, you must establish that  
25      you are an addict, which normally requires that  
26      you have <sup>a</sup> medical examination  
27      and blood analysis.   You have to have the  
28      stuff in you, so to speak, before they believe  
29      you, and then they will ask you how much you  
30      need. And I must say there is a surprisingly



1 as to what I regarded was a naive tendency  
2 to regard the addicts as -- some of them were  
3 getting as much as ten or fifteen grains a  
4 day, which were not uncommon doses. And also  
5 you could get cocaine and methedrine on  
6 prescription in the same way, and I met one  
7 addict who had prescriptions for three drugs  
8 and was taking them together.

9 I find this is not common,  
10 but there were quite a number who had been given  
11 methedrine and heroin on prescription, or cocaine  
12 and heroin on prescription.

13 The number of heroin addicts  
14 was climbing constantly while I was there,  
15 and after I left the number known to be registered  
16 on heroin was, I believe, two thousand, probably  
17 now in the area of twenty-five hundred. But  
18 estimates of the number of people using heroin  
19 in Britain varied from perhaps twice as many  
20 as there were registered and up to four times  
21 as many as were registered.

22 I obtained one estimate  
23 from the Minister of Health and this was only  
24 possibly through one of the Metropolitan Police  
25 which was about twice as many. There were  
26 a number of other registered drug users of course,  
27 who were obtaining drugs from clinics, but there  
28 was a very large body of drug users who were  
29 obtaining their drugs illegally. There was a  
30 black market in heroin when I left. The





1 price was low compared to the price in this  
2 country. It was never higher than thirty  
3 shillings a grain while I was there, whereas  
4 normally twenty-five cents a grain. The  
5 heroin which was on the balck market was fairly  
6 pure and was believed to come mostly from  
7 legal sources. I didn't believe this.  
8 I still don't believe this, and in fact  
9 there was several (unintelligible) of World War I,  
10 which I believe was Asiatic and there was some  
11 evidence of smuggling from France. But the  
12 price was so low, that very much smuggling by  
13 large syndicates would not be profitable, so  
14 that even making allowances for these  
15 appearances of apparently smuggled heroin  
16 it was clear that a very large part of this  
17 heroin on the black market in England was from  
18 over-prescription. Even now the psychiatrists  
19 or people in charge of the clinics are  
20 over-prescribing what I thought grossly, while  
21 I was there. And in London and in  
22 what they call provincial towns, are producing  
23 evidence of large pockets of heroin users of whose  
24 existence no suspicion had previously existed.  
25 For example, in 1967, a survey was made  
26 in (Carlingtown), there was about sixty heroin  
27 users and another survey in (Luten) produced a  
28 fair number and it was evident while I was there  
29 that heroin abuse was spreading throughout Britain.  
30 And the number of heroin abusers was increasing at



1 a very rapid rate. The incidents of abuse  
2 of heroin among young women under twenty was  
3 much higher than you would expect, and much higher  
4 than it has ever been here. It was around  
5 twenty-five to 30% of all heroin users.

6 The pattern that I mentioned  
7 this morning was that the young person who would  
8 normally take up heroin about a year after he  
9 left school, so he would be about sixteen.  
10 Now there were heroin users who were not fully  
11 addicted and there were some who were using  
12 heroin maybe once or twice a week and would  
13 not become hooked to the extent of requiring  
14 daily dosage, but others were quite fully  
15 addicted and they were quite plainly seen  
16 for example at Piccadilly Circus and  
17 particularly I might say in the men's washrooms  
18 of the tube stations, where many of them spend  
19 their time or around booths, twenty-four hour  
20 chemists, where they would be there just before  
21 midnight to get their prescription.

22 THE CHAIRMAN: Excuse me,  
23 Dr. Ryan. I want to understand the meaning  
24 of your reference to booths. How would they  
25 get their prescription?

26 MR. RYAN: The prescription  
27 is given by the clinic and it is for a week's  
28 supply, but it is filled daily. It is  
29 given to a chemist. Not all chemists will fill  
30 prescriptions, but most of them will, and the



1 charge now, I think, is two and six for each  
2 prescription. Otherwise it is on the national  
3 health, but you have to get your supply every  
4 day, so that you are lined up at 11:59 waiting  
5 for the time until you can get tomorrow's  
6 supply; and these booth's, twenty-four hour  
7 chemists is one of the places that are  
8 distributing.

9 The abuse of other drugs,  
10 particularly barbiturates and amphetamines is  
11 very widespread. As I mentioned earlier it  
12 seems to begin earlier in life than the use  
13 of heroin and the use of marijuana begins  
14 among many people first at the age of thirteen  
15 or fourteen, when they are still in school.  
16 There are large groups of people in Britain  
17 who are living hard and many of them are  
18 constant users of heroin -- not heroin, I am  
19 sorry, amphetamines and barbiturates and then  
20 after they have been on those for a year or  
21 so, they turn to marijuana. Then they use  
22 marijuana along with one of the other drugs.

23 But many of them are also  
24 using alcohol to excess. The theory that you  
25 have a drug culture and an alcohol culture does  
26 not seem to be fully borne out in Britain  
27 although there are many stories told of the  
28 boy being on heroin and despising the old man  
29 who is an alcoholic and vice versa. But it is  
30 a multi drug culture and the number of deaths





1 have occurred which have shown on autopsy, that  
2 cause of death was gross overdosage of several drugs,  
3 in one case five drugs.

4 The average age of death of a  
5 heroin user in Britain has gone down from twenty-  
6 eight to twenty-four, when I was there, and the  
7 general impression that I had was that the British  
8 were engaged in almost panic measures, which were  
9 not really beginning to cope with the problem  
10 either of heroin, or other drugs.

11 I may say, that the source of  
12 supply of amphetamines and barbiturates was largely  
13 from theft from legal sources, although there was  
14 some evidence, I believe, that some of them may have  
15 been manufactured illicitly, but there were many  
16 reports of thefts of large quantities of barbiturates  
17 and amphetamines from legal sources.

18 They are available in dozens  
19 of coffee shops all over the country. Students  
20 usually, or young people are buying and selling them.

21 When I refer to a black  
22 market it is not a highly organized black market; it  
23 is very loosely organized; but it exists pretty  
24 well everywhere.

25 So my impression of the British  
26 system is that it isn't working.

27 THE CHAIRMAN: Yes. What is  
28 your impression of the legal approach to amphetamines?

29 MR. RYAN: Well amphetamines  
30 are available, as they are here, on prescription.



1 The impression is that many physicians are over-  
2 prescribing, and over-prescription is another source  
3 of drugs for the black market.

4 The medical profession over  
5 there as a whole, does not seem to be aware of the  
6 risk it is creating by being so generous in prescribing  
7 these drugs.

8 Although the people I spoke  
9 to who were engaged in the study of drug dependency  
10 including jail physicians, were of the opinion that  
11 the most dangerous drug they had to deal with was  
12 methedrine.

13 MR. STEIN: Are you familiar  
14 with the methadone treatment programs?

15 MR. RYAN: Methadone for heroin  
16 addiction? Not personally, but I know something  
17 about it.

18 There are experiments in  
19 Vancouver and in Toronto. In Toronto they have  
20 been engaged in what is called low methadone main-  
21 tenance and I don't think they are very well pleased  
22 with the result. They were going to start on  
23 high methadone maintenance this year, and I haven't  
24 heard any report.

25 I have only heard an indirect  
26 report from Vancouver that methadone maintenance  
27 treatment, that they were engaged in there, the  
28 results were not fully satisfactory, but I have no  
29 verified knowledge. The only other knowledge I have,  
30 is a statement by Mr. Hammond, with whom I am sure



you are quite familiar, but he found a number of heroin addicts who had been given methadone maintenance treatment supplementing their drug, with barbiturates, because they don't get the same satisfaction as they do out of heroin, and this I have learned from talking to an addict who was on methadone treatment for two years.

They don't get the same satisfaction out of the drug.

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1 MR. STEIN: Are you at all  
2 familiar with any technique or method that has been  
3 used in relation to heroin addiction, or the chronic  
4 use of heroin that appears in your estimation to be  
5 at all successful?

6 MR. RYAN: No. But then I am  
7 not familiar with it. I did learn this about Lady  
8 Frankhouse. Remember she came over and cut quite a  
9 swath, and left quite an impression in this country  
10 and about forty-five Canadian addicts migrated to  
11 Britain before immigration was restricted, and most  
12 of them became patients.

13 The result was, I think, in  
14 almost every case, that they are still on heroin, and  
15 that I met one of them who was unemployed, and the  
16 impression I had is that none of them are very well  
17 fixed, although they are known in Britain as an older  
18 stabilized group.

19 One of them had the reputation,  
20 however, of having created a whole nest, or cell, of  
21 juvenile heroin addicts by his own efforts himself.

22 MR. STEIN: One last question.  
23 Do you have any views on the proposals that are made  
24 regarding the desirability of substituting narcotics  
25 legislation, or drug legislation, with compulsory  
26 civil commitment for persons chronically using drugs?

27 MR. RYAN: I don't know very  
28 much about that. I know that there is a program  
29 in several states in the United States, but I can't  
30 tell you how successful. The most favourable recorded



1           on treatment programs for heroin addiction that  
2   you hear about, are   cinenon           which is suitable  
3   only for some addicts, people who can live the kind  
4   of   cinenon           life that is available, the Phoenix  
5   program in New York, and the Data program in New  
6   York.

7                       Those are the only ones that  
8   are really favourable. They are favourably reported  
9   on to my knowledge.

10                      We hear that the methadone  
11   maintenance program is a highly controversial one.  
12   The last word I had last week was that some of the  
13   reported successes are not regarded as verifiable.

14                      THE CHAIRMAN: What are your  
15   feelings about compulsory -- I mean as a lawyer,  
16   what are your feelings about compulsory treatment,  
17   taking people into custody for the treatment and  
18   the whole process of judging when the treatment is  
19   necessary; what do you feel about this?

20                      MR. RYAN: Instinctively, I don't  
21   like it. You say you aren't treating a man as a  
22   criminal, but you might just as well be, because he  
23   is in custody and he has to undergo treatment. I  
24   have a feeling that the most effective treatment, if  
25   any, is -- that is effective must be in society. I  
26   don't know what would be effective.

27                      A part of it has to be in  
28   society.

29                      THE CHAIRMAN: Does anyone have  
30   any questions?



1 Well, I should like to thank  
2 you very much.

3 I call now on Dr. Laverty,  
4 Director of the Kingston Office of the Addiction  
5 Research Foundation of Ontario.

6 After Dr. Laverty we will hear  
7 from the Elizabeth Fry Society.

8 DR. LAVERTY: I would like to  
9 read a brief to the Commission in conjunction with  
10 other members of the Addiction Research Foundation,  
11 and currently I don't wish to add very much to these  
12 statements previously presented.

13 It seems to me that the present  
14 increase in drug use, the manufacturing of a  
15 prescription of many psychoactive drugs going on  
16 for the past number of years. This has been  
17 produced by the pharmaceutical and medical  
18 professions.

19 THE CHAIRMAN: I wonder if  
20 you could speak closer to the microphone. Would  
21 you hold that microphone a little more closely to  
22 you when you speak?

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1 DR. LAVERTY: The incidents of  
2 drug taking locally in Kingston has not to my  
3 knowledge been tested by any direct means.

4 I suspect that it is probably  
5 similar to maybe a little lower than the incidents  
6 found already in larger cities, such as Toronto.  
7 I haven't personally assessed the number of people  
8 admitted to the local hospitals in Kingston during  
9 1968 and 1969 with a diagnosis of a drug reaction.

10 In 1968, fifty such examples  
11 could be found, and in 1969 up to November, around  
12 one hundred and twenty-six. So this represents an  
13 increase, but possibly an increase of the willingness  
14 to be treated, as well as a natural exposure.

15 This compares with an admission  
16 to hospital, and a treatment rate for alcoholism of  
17 about eight hundred in one year.

18 THE CHAIRMAN: Excuse me, Dr.  
19 Laverty, I am sorry.

20 These were people ---

21 DR. LAVERTY: These are people  
22 admitted to hospital for bad trips.

23 THE CHAIRMAN: All drugs.

24 DR. LAVERTY: All drugs, tranquil-  
25 izers. Unfortunately the objective testing for the  
26 drug taking has not been carried out in those cases,  
27 and the quality of the street drugs. In the last  
28 thirty subjects by which I received personally, and  
29 this includes out-patients, as well as in-patients, the  
30 following drugs were claimed to have been used, but



1 only certified in two instances: LSD in four;  
2 amphetamines six; marijuana in four; barbiturates two;  
3 atropine in one; glue and other solvents in six;  
4 demerol in one; MDA one.

5 Before moving on, I think  
6 marijuana can have an acute reaction to drug  
7 experience. This is not usually considered or  
8 prolonged, and since there are only four of these  
9 I could have described the kind of things to make  
10 that count.

11 The impressions with unpleasant  
12 experiences at the time of the reaction, and also  
13 some flashbacks from the drugs similar to the others  
14 they had on LSD. Also there is some aggression to  
15 that taken out in previous conflicts.

16 THE CHAIRMAN: Excuse me,  
17 doctor, we are talking about understanding acute  
18 reactions from cannabis that you have knowledge of.

19 DR. LAVERTY: That is right.

20 THE CHAIRMAN: These are  
21 older cases?

22 DR. LAVERTY: These are within  
23 the last six weeks in Kingston.

24 THE CHAIRMAN: In Kingston.

25 I understood there were four.

26 DR. LAVERTY: Four.

27 THE CHAIRMAN: You mentioned  
28 the impression of those experiences and then I  
29 heard flashbacks from LSD.

30 DR. LAVERTY: Right.



1 THE CHAIRMAN: How was that?

2 In other words, this does lead  
3 to a cannabis-produced flashback from LSD?

4 DR. LAVERTY: Yes, a recurrence  
5 of the experience as experienced at the time. The  
6 last instance was one of apathy and a dependence on  
7 the drugs was experienced by a young girl.

8 THE CHAIRMAN: How did that  
9 become a matter of clinical attention?

10 DR. LAVERTY:

11  
12 I think it is worth pointing  
13 out the fact that all the drugs seem to be represented  
14 in other reactions, which gives me the impression  
15 that while it is the state of mind of the user, and  
16 the attitude of the user at the time of taking which  
17 contributes very heavily to the kind of drug reaction  
18 and which makes it difficult, of course, to incriminate  
19 specifically certain drugs.

20 Certainly an attitude of multiple  
21 drug use seems to prevail amongst people who use it  
22 regularly. It is difficult to know whether this is  
23 an experimental attitude and to what extent this is  
24 likely to be followed by heavy, or regular usage.

25 I have the impression that those  
26 who use it regularly tend to be more disturbed and  
27 this has been found in some of the high school studies  
28 to achieve that re-orienting common towards -- not  
29 towards achievement in school and at home, rather than  
30 towards the peer.





1 It seems ---

2 MR. STEIN: Could you expand  
3 on the word "disturbed"?

4 DR. LAVERTY: Yes. I think one  
5 could discriminate two particular categories here.

6 One are young people that come  
7 from quite disturbed homes often when there is already  
8 a pattern of some kind of behaviour or difficulties  
9 such as alcoholism, and others are those who are maybe  
10 well adjusted in the norm, who go into a transient  
11 difficulty after a depressant kind and often are  
12 associating with their anxiety. (unintelligible)

13 The actual involvement in drug  
14 use sometimes leads to a further problem, and find  
15 it necessary to deal with drugs as with alcohol by  
16 differentiating that from medical aspects and  
17 psychological and social aspects.

18 And I have a kind of chart here  
19 which I use in teaching students, which I have if  
20 the Commission would like. The point being here,  
21 I think, that if somebody who is a marginal kind  
22 of adjustment becomes involved in drugs it  
23 inevitably involves them in provoking a particular  
24 kind of reaction from the social consensus of  
25 people with whom they are involved. This frequently  
26 leads to comfort in terms of being accepted or  
27 rejected by different parts of the people in our  
28 society, and as well as a result of those conflicts  
29 several relations can occur.

30 One is, the person may attempt to



1           lead a double life, and restrict their use under  
2           those conditions in company with those whom they  
3           approve, meanwhile attempting to remain with  
4           their parents or school. This quite frequently breaks  
5           down, and then the person may in fact be forced to  
6           make a social shift to move away from their kind of  
7           social relationships and move out of their home town  
8           possibly, and take up residence with other people  
9           or with a similar attitude.

10                       This is rather similar to the  
11           kind of progress one sees in people who come to value  
12           alcohol above the other values.

13                       THE CHAIRMAN: On this, do you  
14           refer to any other particular drug although I see  
15           the word "withdrawal, D.T.s". Do you think that  
16           pattern of behavioural manifestation of the effects  
17           of drug use is of general applicability to other  
18           drugs?

19                       DR. LAVERTY: No. This model  
20           is really based on alcohol use. I think there is  
21           a degree of (inaudible) in relation to the drugs.

22                       THE CHAIRMAN: What have we got  
23           to learn from our experience with alcohol that is  
24           useful and harmless in our insights of other psycho-  
25           tropic drugs?

26                       How generalized is the experience  
27           with alcohol, do you think, in the development and  
28           proper response of this other drug use and the more  
29           established drug use, psychedelics, amphetamines and  
30           so on?



1 DR. LAVERTY: Well, It would  
2 seem to me to have all the qualities which psychedelic  
3 and other drugs have, that is, the experience which  
4 produces a change in an individual, his relationship  
5 with the outside, a basis for chemical dependence, and  
6 a social background of institutionalized drinking  
7 which tends to be reinforced use.

8 The advantage of course of our  
9 study of alcohol at the moment is one in quantitative  
10 terms about its effects and this so far is not really  
11 valid for the other drugs that we are interested in.

12 PROFESSOR BERTRAND: Yes, but  
13 you also say what I see as the sources of alcohol,  
14 intoxication on your chart, if I read it, would be  
15 specifically applicable to the sources of the drug  
16 use.

17 DR. LAVERTY: I am not sure  
18 that I quite follow you. By sources, you mean sources  
19 of what?

20 PROFESSOR BERTRAND: I want to  
21 avoid the word "cause".

22 DR. LAVERTY: You mean are they  
23 causes of problems similar to the causes of problems  
24 in relation to drugs? Yes, but these causes vary  
25 if you apply them to individuals, and I think you  
26 can categorize them up to a point. I think so, yes.

27 PROFESSOR BERTRAND: So there  
28 would not be any strong use that could originate from  
29 gratifying experiences or the wish for the kind of  
30 uses which would not stem from it?





1 DR. LAVERTY: Oh yes, certainly.  
2 It is only an aspect of the social use of drugs would  
3 be quite relevant to the normal use of alcohol.

4 Why not. I would think the  
5 moderate tolerant use of drugs -- the only question  
6 is people get into difficulty when we don't know what  
7 such normal use could be.

8 But I think this could form a  
9 normal point, to a normal point of views. I think  
10 it is a problem arising<sup>out of</sup> the use rather than the drug.

11 If you take the amphetamine, I  
12 think you have to incriminate the drug much more  
13 strongly even for a stable person because it could  
14 produce abnormality.

15 THE CHAIRMAN: Any other  
16 questions?

17 I wonder, Dr. Laverty, if you  
18 have had an opportunity to tell us of something you  
19 had in mind? We have been asking questions.

20 DR. LAVERTY: I don't think there  
21 is anything that I wish to add, except that we have  
22 quite a limited experience of using methadone for  
23 about a year, and it does seem to give better treat-  
24 ment in those patients, and they have been co-operative  
25 in its use.

26 MR. STEIN: Has this treatment  
27 been going on outside -- I was led to understand  
28 some time ago, that there was a process between the  
29 penitentiary services and our program in which persons  
30 might be supplied. Has this program gone forward?



1 DR. LAVERTY: The program was  
2 never envisioned. You missed the meaning of the  
3 narcotic addiction in Toronto. It started in  
4 Joyceville Penitentiary, and we visited that penitenti-  
5 ary, and what we have done is take certain examples  
6 for hospital treatment before their discharge and  
7 had them in these institutions, and also the Women's  
8 Penitentiary, and we found it convenient to take  
9 one or two such people at a time.

10 We are not using methadone in  
11 that program at all. We are merely using the  
12 hospital.

13 MR. STEIN: When you say meth-  
14 adone, you are ---  
15 (portion unintelligible) ---  
16  
17

18 THE CHAIRMAN: Had you an  
19 opportunity, Dr. Laverty, to determine drug use --  
20 the use of drugs, any relationship between the use  
21 of the drugs?

22 DR. LAVERTY: I'm sorry, between--

23 THE CHAIRMAN: The use of the  
24 drugs, the relationship -- my question is, have you  
25 had an opportunity to observe cases of multiple drug  
26 use, and if so have you come to any conclusions about  
27 significant relationships between any of the drugs  
28 or patterns, of progression?

29 DR. LAVERTY; No, I would not  
30 say that I have had -- seen any relation between the



1 the drugs. They seem to be very diverse, and not  
2 relevant.

3 THE CHAIRMAN: I see the  
4 Narcotic Addiction Foundation in B.C. has come to  
5 certain conclusions in the last year, and an allusion  
6 was made to that this morning.

7 I wonder if the allusion here  
8 is whether there is any significant change in pattern  
9 on what you have reported?

10 DR. LAVERTY: Well it is  
11 plain that there are changes in intensity of using  
12 certain drugs but it probably depends on supply.  
13 I think what one has to be aware of is that probably  
14 all the time there is a potential feed of an epidemic  
15 in drug use, and there are two cases of which I  
16 know on this, and one is the description of an  
17 amphetamine pattern, and the other is the spread of  
18 heroin in Britain in which case it is very obvious  
19 that if you provide a reasonable supply of the sub-  
20 stance and enough people will spread it, you can't  
21 go -- you can rapidly go from a state where there  
22 are a few users to where there are many.

23 Now there are the same type of  
24 things where there is less dependency producing  
25 drugs, I don't know. I think anyone who is prepared  
26 to use drugs is also prepared to use drugs which are  
27 potentially dangerous, such as narcotics or amphetamines  
28 and this is the kind of association which they have  
29 over the drugs such as marijuana.

30 I don't personally see that there





1 is anything inevitable or frightful about progress  
2 from marijuana, except such associations, no  
3 physiological reasons.

4 THE CHAIRMAN: Thank you very  
5 much, Dr. Laverty.

6 I will call now upon Miss Flora  
7 MacDonald of the Elizabeth Fry Society.

8 Miss MacDonald?

9 MISS MacDONALD : Thank you.  
10 Mr. Commissioner, as in other groups, as has occurred  
11 across the country, we would like to register our  
12 concern about drug users in Canada.

13 I think there are a number of  
14 aspects about this which we could speak about, but  
15 we are particularly concerned with the legally  
16 judicial implications of the problem, and the legal  
17 and judicial situation as it presently exists today.

18 We are more concerned with this  
19 particular aspect because of the fact that members  
20 of our organization have had, or exposure to the  
21 judicial implications, because of our work in prisons  
22 for women.

23 Now I don't think that we are  
24 the only ones concerned with this particular aspect.  
25 I think that much of what we have to say you will  
26 in fact have heard from other groups across the  
27 country, and therefore probably what we will say  
28 even along this line will be repetitious with what  
29 you have heard elsewhere.

30 But I do feel perhaps that there



1 may be people whom you are not hearing, and people  
2 to whom attention should be given, people who are  
3 particularly involved. And these are people who  
4 might be able to offer fresh insights into the  
5 problems which you are seeking to resolve.

6 And as a result of this  
7 in discussions which we have had with various persons  
8 both in our own organization and outside, we have  
9 today with us, three girls who have volunteered to  
10 come here as a public service to tell their own  
11 particular stories, as to how they became involved  
12 with drug usage, and the legal and judicial impli-  
13 cations that have resulted.

14 And I would make just one -- I  
15 would like to clarify just one point that in doing so  
16 we would ask that their names and photographs not be  
17 used publicly, and I would ask your indulgence in  
18 this respect.

19 Now each of these girls has  
20 come to this present situation from a different  
21 background, and I would like to start out by asking  
22 them to sort of explain these various backgrounds  
23 which led them to the various situations.

24 Debbie is a girl who was born  
25 in Canada and has spent much of her time between  
26 Canada and the Far Eastern countries, where the  
27 question of drug usage is not looked upon in the same  
28 regard as it is here in this country, and I think that  
29 in this particular aspect she has something which  
30 might be of interest to you.



1                   So Debbie, I wonder if you  
2 might just like to make some comments as to the  
3 background from which you have come, and then we  
4 will go on in the same way and ask Elizabeth and  
5 Dorothy something about their own particular cases  
6 before we have more of a detailed discussion in the  
7 ways that you have been involved in this.

8                   DEBBIE: As Miss MacDonald has  
9 told you, I lived in the Far East, I lived there with  
10 my family when I was eight years old, and the use  
11 of particularly marijuana, hashish, is quite -- there  
12 is quite a large usage in these countries, and so at  
13 the age of eight I was introduced to these drugs and  
14 it wasn't a particularly traumatic experience because  
15 although I wasn't using them, I was living with  
16 people, living in their country, with people who were  
17 using these drugs a great deal.

18                   And although I didn't start  
19 marijuana or hashish until I returned to Canada, I  
20 was very familiar with the drug, and not in the least  
21 afraid of it.

22                   I started to use marijuana when  
23 I was fifteen years old, this was in Canada, and I  
24 started while I was going to high school with a few  
25 friends who had been introduced to it in another  
26 city. And because marijuana was not a question at  
27 that time, and the public was not really concerned  
28 in the newspaper, and it wasn't in the news, we didn't  
29 speak about our usage of marijuana at that time.

30                   We kept it within our group. We





1 used it occasionally, and I wouldn't say we used  
2 large quantities of it.

3 But when I finished high school  
4 I moved to a larger city, and became involved in  
5 what you might call the "drug scene," but it was a  
6 different drug scene in that it was confined to  
7 marijuana, not with other drugs.

8 Now a few years ago, different  
9 drugs started to come on the scene, a drug called  
10 speed, amphetamines, and methedrine, usage of LSD  
11 and these drugs we more or less experimented with.  
12 But because we had been using marijuana for a number  
13 of years we decided that we would stick with it because  
14 the effects of the drug called speed were not the  
15 effects that we were looking for, really, they were  
16 bad effects, the kind of effects that we did not  
17 feel when we were using marijuana, or hashish.

18 So we confined our drug usage to  
19 marijuana. And because we had been using marijuana for  
20 such a long time, because I had been brought up in  
21 the Far East where the drug is accessible, we were  
22 quite aware of the price that marijuana was getting  
23 in the city that we were living in, of the price that  
24 marijuana and hashish was selling for in the countries  
25 that I had come from.

26 And well, the profit is extremely  
27 high. For example, I can buy one kilo of hashish in  
28 the Far East for twelve dollars, and I can sell it in  
29 one of the larger cities in Canada for two thousand  
30 dollars. So bearing these figures in mind, I decided



1 that a profit could come from the use of marijuana  
2 and also having used it for such a period of time I  
3 knew that, or I felt that, observing myself and my  
4 friends, that there were no harmful effects from this  
5 drug.

6 . MISS MacDONALD: I wonder, Mr.  
7 Commissioner, if we could perhaps go on to one of  
8 the other girls, and then in the questioning you  
9 might like to come back to each one.

10 They, I think, are prepared to  
11 expand, you know, into more detail.

12 Elizabeth comes from a European  
13 country. She came to this country as an immigrant  
14 looking for work and this did not readily materialize.  
15 As an immigrant, not being familiar with the language,  
16 it was difficult to find work and this too had some  
17 influence in which she entered the drug scene, and  
18 so I think, Elizabeth, if you will tell us your experience.

19 ELIZABETH: When I started to  
20 use marijuana and hashish when I was seventeen, I was  
21 back in Europe in Austria, and two and a half years  
22 ago when I came to Canada I couldn't speak the  
23 language, and in this way, like, I didn't get a job  
24 and nobody was really interested in giving me a job  
25 because I couldn't speak the language.

26 And like the only people who  
27 really helped, and could help me with the language  
28 were people who were-- used drugs, and so in this  
29 way I was really concerned that I could hold a  
30 conversation with them, and this is how I got in using



1 more drugs, and in this way that I never had a job,  
2 I had nothing else to do the whole day, and thinking  
3 about getting some more drugs, getting high, getting  
4 high faster,

5 And, like, I never had any money  
6 because I didn't have a job, so that is how I started  
7 getting in this dope business, and selling drugs and  
8 here in Canada I start dealing with hard drugs, like  
9 heroin and methedrine and morphine.

10 MISS MacDONALD: Dorothy, perhaps  
11 might add something to this too.

12 Would you mind holding the mike,  
13 I guess, closer to you from the place where you are  
14 speaking, because Dorothy's experiences are perhaps  
15 more like the normal, average user in Canada. She  
16 comes from a more typical background than the other  
17 two, so perhaps you could say something about this.

18 DOROTHY: Yes, I would say my  
19 experiences were more typical in that I came from an  
20 average upper-middle-class family, and the way I  
21 started using drugs was just a thing to pass the time,  
22 that it was the thing to do, it wasn't something that  
23 I hadn't thought was bad. I can never remember thinking  
24 that it was bad.

25 I have never used hard drugs. I  
26 limited my usage to marijuana, and occasionally  
27 dropping LSD, never had any traumatic experiences with  
28 it, and I don't really know, but with marijuana all  
29 my friends who used it, they never really incurred any  
30 bad experiences with it.





1 As with Debbie, I got into  
2 selling it because I realized there was a profit to  
3 be made, and since I didn't have any bad feelings  
4 about it I didn't feel that it was harmful to any-  
5 body, and I didn't have any worry about selling it.

6 MISS MacDONALD: One thing you  
7 were talking about earlier, you mentioned earlier that  
8 in the group in which you moved that in fact drugs  
9 were available to you, at any time.

10 DOROTHY: It wasn't the group  
11 I knew, it was a different group that I knew about  
12 because I had a close relative who moved in that  
13 particular group who used heroin. In that it was  
14 accessible to me as , well, it is accessible to any-  
15 body, but never did I feel any inclination to go on  
16 and use heroin, where I didn't feel bad at all about  
17 using marijuana. It never did anything bad to me.

18 MR. STEIN: Could I ask a  
19 question?

20 MISS MacDONALD: Yes, certainly.

21 MR. STEIN: In your understandings  
22 about the distribution of marijuana, what is your  
23 impression about the -- let me try to put it this way:

24 Is marijuana in your experience,  
25 distributed casually only between friends, or the  
26 people, from what your experience will tell you, deal  
27 solely with marijuana, or is it likely that a person  
28 in dealing with marijuana may be involved in dealing  
29 with other drugs?

30 DEBBIE: Would you give me the



1 last part of your question? I got most of it. Just  
2 the last part.

3 MR. STEIN: I will try.

4 What I am asking is, from your  
5 knowledge, the distribution, the selling of marijuana,  
6 what occurs? Is marijuana distributed by persons  
7 exclusively, or would a person dealing with marijuana  
8 or selling marijuana also be involved in selling  
9 other drugs?

10 DEBBIE: Well, I think people  
11 who use marijuana can be divided into, say, two or  
12 three groups. One, the seller or importer of marijuana  
13 dealing in large quantities and selling to smaller  
14 people in a particular city, and then the dealer who  
15 distributes it in small quantities among his friends,  
16 people who know that he smokes, he knows that they  
17 smoke, and they may get together and one would ask  
18 the other, "Well, do you have any?", you know. If he  
19 has, he sells.

20 But the main quantities of  
21 marijuana are brought into the city by (inaudible)  
22 and are brought into one or two contacts in those  
23 cities and the contacts distribute to smaller dealers.  
24 It is almost like a (inaudible) . But when you  
25 get small, say into ten dollars worth, or twenty-  
26 five dollars worth, then it is more or less a friend-  
27 ship club.

28 That is the way it would operate.

29 MISS MacDONALD: One thing I  
30 was wondering, Debbie, when you talked about the people,



1 the type of person in fact who would be a client of,  
2 say, anyone, you know, in the various social groups.

3 Perhaps you would say something  
4 about that.

5 DEBBIE: I think actually that  
6 is quite an interesting question, that most of the  
7 public are not aware of the fact that the people who  
8 are buying marijuana in the cities are not exclusively  
9 the hippies in the street, or the people that you are  
10 reading about in the newspaper, they are in fact  
11 lawyers, doctors, psychiatrists, generally professional  
12 people, and I can say there from experience because  
13 I have sold to these people.

14 They have the money to buy in  
15 larger quantities; they prefer to buy in larger  
16 quantities so that they don't have to make as many  
17 contacts.

18 A hippie will buy a dime bag  
19 which is ten dollars worth, but because he can spare  
20 the ten dollars at the time, whereas the lawyer  
21 who wouldn't want to make a contact several times  
22 in a month would buy a larger quantity like a half  
23 perhaps, or even a kilo at a time, and this cuts  
24 down his risk in meeting a marijuana distributor.

25 So these are the people who  
26 are buying the large quantities, and usually behind  
27 closed doors.

28 MISS MacDONALD: And if I might  
29 just ask Elizabeth a question.

30 We had some conversation earlier





1 with regard to the way in which drugs in fact are  
2 adulterated when they are being -- when they have  
3 been used, and misused by people who are distributing  
4 them.

5 And you might like to tell the  
6 Commission something of this.

7 ELIZABETH: Yes. Like, if I  
8 buy marijuana in big quantities, of course, I cut  
9 it up so I make more.

10 In this case, I make more money  
11 with it, and that is with any kind of drug. If you  
12 buy marijuana, heroin, you never get the pure stuff.  
13 So, like, the buyer never knows really what he is  
14 getting, and I can talk about my marijuana experience,  
15 how I cut up marijuana. I cut it up with alfalfa;  
16 I soak this in brown sugar to get it brown, the dark  
17 colour like marijuana is. I broke the kilos up, and  
18 I mixed alfalfa, in, and pressed the kilos again,  
19 so like coca cola, alfalfa, this is not the bad  
20 stuff, it won't do anything to your body, but if you  
21 start cutting up methedrine with bad stuff, or heroin,  
22 with bad stuff, then it is maybe can do it, you know,  
23 some harm to your body.

24 So if this would be under control,  
25 then the buyer would know what he is getting, and  
26 there won't be so much risk.

27 MISS MacDONALD: Do you feel  
28 that particularly you mentioned methedrine. Now,  
29 Elizabeth, the effects of this you know something about.

30 ELIZABETH: Yes. I would say



1 methedrine is a very dangerous drug.

2 I picked up a couple of habits  
3 from this, and as my psychiatrist told me, I still  
4 have got the methedrine in my body and it takes  
5 eleven days to get one bit of methedrine out of your  
6 system, and the effect of methedrine is really bad.

7 And I wouldn't feel that people  
8 should use methedrine. It makes you really shakey  
9 and you can't just get off of methedrine because,  
10 like, coming down on methedrine, it is really like  
11 dying, and you keep on shooting it, and you keep  
12 on shooting.

13 MISS MacDONALD: Just so that  
14 you never do come down.

15 ELIZABETH: Yes.

16 THE CHAIRMAN: Miss MacDonald,  
17 when you began you said that you wanted to concentrate  
18 on the legal aspects of the problem.

19 And I was thinking of the  
20 witness' knowledge of distribution. What did you  
21 have in mind about the legal and judicial aspects?

22 MISS MacDONALD: Well, I think  
23 my concern is that, you know, under law there is  
24 very little distinction between the hard and soft  
25 drugs, and that the results, or the treatment of  
26 people before the law courts does not take this  
27 into consideration, and there are many cases I have  
28 seen in Canada, although I don't have any data to  
29 back this up, of persons who, because they come  
30 from the wrong end of the social system, or what might



1 be considered the wrong end of the social system, are  
2 more liable to end up with prison sentences, and  
3 particularly we have heard how professional people are  
4 users of marijuana, and so on, who may never come  
5 before a court of law because of their own particular  
6 involvement.

7 But I do feel that there are  
8 many people, who, in order to get the necessary  
9 funds to purchase marijuana, or whatever other  
10 drug, particularly the hard drugs, you know, are  
11 being forced into peripheral crimes. There is a lot  
12 of confusion, a lot of pain that is caused as a  
13 result of just lumping all of this drug usage into  
14 one great package, and in some cases throwing them  
15 out at the people who will get into other social  
16 circumstances who may not be in fact imprisoned.

17 MR. STEIN: Could I ask the  
18 three young ladies; you could perhaps tell us about  
19 what your particular programs <sup>consist</sup> for people who  
20 are placed in prison for drug offenses. Can you  
21 give us a general indication. Is there any special  
22 program that we could hear, as to the drug offenders?

23 DEBBIE: As far as being  
24 rehabilitated, I am -- is that being rehabilitated  
25 as far as drug uses, or as to being accepted in  
26 society again?

27 MR. STEIN: I am wondering if  
28 there is any special program in the institution for  
29 persons who are sentenced because of the fact  
30 they are violating these drug laws, or is the program





1 the same.

2 DEBBIE: Yes, if you are  
3 incarcerated for a drug offense you are an inmate of  
4 the prison the same as any other inmate.

5 The way it stands now, there  
6 is really no particular attention paid to your crime.  
7 You can discuss your drug problems with your  
8 psychiatrist as often as you would like to see him,  
9 if you feel that you definitely have a drug problem,  
10 but as far as the prison system, or the penal system  
11 is now, we are inmates the same as any other inmate,  
12 and our case is not considered special, or different,  
13 in any way.

14 We broke the law, and we are  
15 sentenced, and doing our time.

16 MR. STEIN: Just one other  
17 question, It was my impression that the institution  
18 was used for anyone who was incarcerated for drugs,  
19 but most of the time they were sent to (inaudible)

20 ELIZABETH: Yes, but as far  
21 as that goes, that is for heroin users, not for  
22 hashish and other drugs.

23 THE PUBLIC: Mr. Commissioner,  
24 perhaps I can clarify that question.

25 The users arrested in the West  
26 are sent to Prince Albert. People who are charged  
27 in the courts for trafficking in drugs are sent to  
28 prison for women, that is if they have been sentenced  
29 for two years or more.

30 But the user -- and this would



1 be in Alberta and Saskatchewan, would be sent to  
2 Prince Albert. .

3 MR. STEIN: And what about the  
4 users?

5 THE PUBLIC: They come to  
6 Kingston.

7 THE CHAIRMAN: I just wanted to  
8 pursue the question of distinction that you made about  
9 the drugs.

10 I understand that you were  
11 talking about trafficking -- this was trafficking  
12 referred to by the witnesses. Do you make the same  
13 distinction? Do you think a distinction can be made  
14 toward the drugs as far as trafficking is concerned.

15 MISS MacDONALD: Well I wonder,  
16 we have discussed this with the girls too, and I  
17 wonder if it might be proper if I directed the questions  
18 to them, as to how they feel in these cases I said  
19 to them the other night, "Now suppose you were given  
20 the opportunity to change some of the legal set up  
21 today; what in fact would you like to see done?"  
22 You know, from the background of people who have been  
23 through this.

24 So perhaps I would like to pass  
25 that on to Debbie, and have her comment.

26 DEBBIE: Well the way the law  
27 stands now, marijuana is not -- there is no distinction  
28 made between marijuana or hard drugs.

29 I feel that marijuana should be  
30 a controlled drug, should be used socially in the



1 country.

2 If it were <sup>a</sup>/controlled drug, I  
3 think it would eliminate some of the violence, it  
4 would eliminate young people using drugs that will  
5 eventually lead to death.

6 I don't feel marijuana does  
7 but if they get caught up on speed, or any of the  
8 other pills that are around, they will eventually  
9 end up in the hospital, or on hard drugs.

10 Now on marijuana if there was  
11 a control, or age limit specified, I think this  
12 would be eliminated.

13 The fact that sixteen, seventeen  
14 year old kids are going to jail for offenses such  
15 as possession put into reformatories or in some cases  
16 prisons, being introduced to other crimes, receiving  
17 an education really about how to go about committing  
18 other crimes, and they are perfectly willing to do  
19 this because the resentment is already there to be  
20 put behind bars at such an early age that they feel  
21 they may as well do it because they have the name.

22 I am thinking particularly of  
23 my own family; I know the way the law stands now. If  
24 my sister was at a pot party that happened to be  
25 raided, she is sixteen years old. If the pot party  
26 were to be raided my sister would be arrested for  
27 probably possession, or something like that, taken  
28 out of school and put on probation, and it would  
29 create a lot of problems that she never would come  
30 across.





DOROTHY: Well I think one  
of the main question is exactly what question --



1        what purpose this going to jail serves. What does  
2        it accomplish?

3                        I can look at my own case and  
4        ask myself what is my sentence supposed to accom-  
5        plish and do people really think that it is going  
6        to stop people from smoking marijuana , or selling  
7        it. I don't think it has stopped one person. I  
8        don't think they even know I have gone to jail,  
9        except for my own family.

10                      Is this supposed to change my  
11        way of thinking, or am I supposed to suddenly  
12        decide that there is something wrong with marijuana  
13        when I perfectly know in my mind that there is  
14        nothing wrong with it?

15                      There is no purpose for it. I  
16        am supposed to spend a certain amount of time in  
17        jail, and for what? Am I going to be a different  
18        person when I walk out the door?

19                      I know that is not going to  
20        happen. There is no hyme or reason to it. It is  
21        absolutely senseless. You know there has got to be  
22        another way because what does it accomplish?

23                      Absolutely nothing.

24                      MR. STEIN: Do you know what  
25        the sentence is for persons who are charged with  
26        possession -- what is the age range?

27                      MISS MacDONALD: I would  
28        say that they are younger, but it would be for  
29        possession or trafficking.

30                      MR. STEIN: I see. There would



1 not be anyone in for just possession, it is also for  
2 trafficking.

3 What would the age range be --  
4 what would the youngest person be?

5 MISS MacDONALD: These girls  
6 are all twenty-two.

7 There was one other girl who  
8 was nineteen or twenty, and she would be the youngest.

9 MR. STEIN: Would you be able  
10 to tell us the approximate number that there are  
11 there?

12 MISS MacDONALD: It would  
13 depend you see. You are talking now about all drugs.

14 MR. STEIN: I didn't make myself  
15 clear.

16 I was thinking particularly of  
17 possession and trafficking only in soft drugs.

18 MISS MacDONALD: I would say the  
19 population of the prison for women is about fifty,  
20 and I would only have to hazard a guess at the number  
21 who are there for possession and trafficking in soft  
22 drugs, but I would say perhaps a half dozen would be  
23 about the number.

24 THE CHAIRMAN: I was wondering,  
25 one of the ladies spoke about the facts, stated her  
26 opinion that imprisonment would have no effect.

27 Is this a general statement about  
28 criminal law, the deterrent of criminal law, or is  
29 it with particular reference to marijuana?

30 DOROTHY: I was making particular





1 reference to marijuana.

2 THE CHAIRMAN: You are not  
3 talking about the other drugs?

4 DOROTHY: You mean something  
5 like heroin?

6 THE CHAIRMAN: Yes.

7 DOROTHY: Well with people that  
8 are involved in heroin, it is an entirely different  
9 thing.

10 These people are sick.

11 ELIZABETH: I beg your pardon?

12 DOROTHY: They need help, and  
13 the prison doesn't help anybody. It's not going to  
14 help them to be put away for a couple of years, they  
15 will just walk out and do the same thing.

16 THE CHAIRMAN: I am talking  
17 now about the trafficking. We are talking about  
18 trafficking.

19 DOROTHY: Trafficking of heroin?

20 THE CHAIRMAN: Yes, or other  
21 drugs.

22 DOROTHY: It depends. Is the  
23 person doing it to support his own habit, or is he  
24 doing it entirely just for money?

25 THE CHAIRMAN: Let us say the  
26 person is doing it because of the money then.

27 DOROTHY: Because of the money?  
28 Well, I don't know, if you can catch him I wouldn't  
29 know what to do with him.

30 I really don't know. It's a



1 problem. What do you do with him? Give him time,  
2 I guess.

3 DEBBIE: The trafficking of  
4 heroin is controlled by the Mafia really, so it  
5 would not concern us.

6 That would pertain to organized  
7 crime, and it involves such a greater field than we  
8 are discussing right here.

9 The marijuana level is so much  
10 lower than that. The marijuana dealers are not  
11 Mafia members.

12 THE CHAIRMAN: Yes, but presumably  
13 in the heroin district there is at some point  
14 trafficking by individuals, and of course, the  
15 organizing has to have its points in the institution.

16 Now what is your view of the  
17 appropriateness of buying and trafficking?  
18 Trafficking as a way of distribution.

19 Perhaps the question is--  
20 perhaps the question is a little bit too far--

21 MISS MacDONALD: I don't think  
22 these people have in fact that much knowledge.

23 THE CHAIRMAN: Yes, I see that  
24 that could be inappropriate.

25 There is an objection apparently  
26 expressed here today, objection to application of  
27 the law for trafficking in marijuana. That is the  
28 purpose of my question, but I don't know if I should  
29 pursue that along---  
30



1  
2                               MISS MacDONALD: I think that  
3               distinction  
4 really the               we were making comes back to the  
5 distinction one would call the difference between  
6 soft drugs -- trafficking or possession of marijuana  
7 and hashish.

8                               THE CHAIRMAN: But does the  
9 distinction turn in this case insofar as trafficking  
10 is concerned, does it turn on what is believed to be  
11 the effects of marijuana, or does it turn on the fact  
12 that the distribution of marijuana is allegedly not  
13 in the hands of organized crime to any significant  
14 extent?

15                               In other words, does it turn  
16 on the effect, the assumed effects of the drug alone,  
17 or does it turn also on, in part, on the nature of  
18 the traffickers in marijuana, as distinct from the  
19 alleged nature of the trafficker in other drugs?

20                               This is what I want to get. Are  
21 we talking about the special attitude towards the  
22 criminal law, the application of the criminal law  
23 to certain kinds of people?

24                               MISS MacDONALD: I think ---

25                               THE CHAIRMAN: Are we saying  
26 that the law should not be applied to trafficking  
27 by certain kinds of people, certain kinds of back-  
28 ground? Is that one of the contentions we are hearing  
29 here?

30                               I am addressing my question in  
a sense to you, or through you, Miss MacDonald, since





1     you ---

2                                 MISS MacDONALD: Well, what  
3     I was, when I had mentioned the legal and judicial  
4     applications I was thinking of the people with whom  
5     I had some experience, and people whom I had seen  
6     in the -- caught up in the whole penal institution  
7     who in fact do come from different background, but  
8     whose crime against society for which they have  
9     been imprisoned is open to a great deal of question;  
10    and it seems to me that what Dorothy said about, you  
11    know, people who are imprisoned for -- with what  
12    beneficial view in mind if you want to put it that  
13    way.

14                                It is really not a question of  
15    say, you know, that even though a number may come  
16    from what you may call the lower income groups,  
17    nevertheless, you know, it ranges over the whole  
18    system, and I just feel, and this is personally  
19    speaking, and perhaps I am under some hesitation  
20    because of the fact, you know, representing an  
21    organization I don't want to in fact bring the  
22    organization into a view which I myself hold.

23                                But as far as the legal impli-  
24    cation goes, I feel that the present system which  
25    mitigates heavily against people who are marijuana  
26    users and traffickers, should definitely be changed.

27                                THE CHAIRMAN: And yet one of  
28    the problems we have in this Inquiry, is that we hear  
29    a lot about the impact of law, criminal law, on  
30    individuals, and we are not sure sometimes whether



1 we are hearing special pleading because of a particular  
2 character to others in the prison system, we haven't  
3 heard from on their behalf <sup>and</sup> /perhaps we shouldn't---

4 THE CHAIRMAN: Have you been  
5 into the penitentiaries to conduct your ---

6 MISS MacDONALD: No, we haven't  
7 gone in.

8 The point I am making is that  
9 we have to -- sometimes we are hearing about the  
10 effects of the drugs, and it seems, and the relative  
11 harms of the drugs, and other times we are hearing  
12 the effects on certain kinds of individuals as  
13 distinct from other kinds of individuals in the  
14 prison system, and we have to find out just what it  
15 is -- the contention is.

16 If the contention is that the  
17 prison is not appropriate for certain kinds of  
18 individuals, although it may be applied to others,  
19 that is one contention.

20 And I am wondering if we are  
21 hearing that.

22 MISS MacDONALD: But then we  
23 are entering into the whole question, and the scope  
24 of the criminal law.

25 I mean, there is a wide range  
26 of crimes represented in any penal institution.

27 PROFESSOR BERTRAND: But on the  
28 other hand, if we take the young lady on your extreme  
29 right, she says "What good is it going to be?"

30 What is to be the effect to



1 produce this improvement?

2 Well, we could very well ask that  
3 question for a person who could be convicted of any  
4 other crime.

5 MISS MacDONALD: I think that  
6 sort of changes the terms of reference.

7 PROFESSOR BERTRAND: This is not  
8 a very strong argument.

9 MISS MacDONALD: As far as -- I  
10 am quite willing to go into a discussion on the whole  
11 role of our penal institutions and how they are oper-  
12 ated and when do they serve the role that society  
13 thinks that they serve, whether or not we want to  
14 get into anything as broad as that, and I am talking  
15 about other crimes. There may be people who may  
16 commit murder in passion and given fifteen minutes  
17 to think about it may never perform the crime, but  
18 they have, and, you know, you have to -- these people  
19 too, you have to question whether the penal institu-  
20 tion is really the place for them.

21 THE CHAIRMAN: That doesn't  
22 fall within our terms of reference.

23 MISS MacDONALD: This is what  
24 I mean.

25 THE CHAIRMAN: No, it is just  
26 that I want to understand whether we are making a  
27 distinction in respect to trafficking in drugs, not  
28 only as between drugs, but as between the type of  
29 traffickers, that's what I mean, and that is within  
30 our terms of reference.





1 THE PUBLIC: I think she is  
2 tied up between the distinction of drugs.

3 THE CHAIRMAN: Would you like  
4 to go to the microphone please?

5 THE PUBLIC: I was going to ask  
6 you a few questions from suggestions that have been  
7 thrown from the floor, but I am sure there are a lot  
8 of people sitting here that have been going under  
9 the exact same internal dilemma I have for the past  
10 half hour, wanting to say something, wanting to say  
11 right now that I think these girls have said a lot  
12 of meaningful things, and I haven't been through the  
13 experience they have been through in terms of being  
14 imprisoned for something which I don't believe is  
15 -- merits a prison sentence, and as was pointed out  
16 by Dorothy, I believe, prison sentences are going to  
17 handle the job, you know. If you were living back  
18 in the days of prohibition and were imprisoned for  
19 the possession of alcohol, or for trafficking in  
20 alcohol, I am quite sure that you would not come out,  
21 after whatever the sentence might be, four years, and  
22 say, "Now I know because of this sentence, that that  
23 was a terribly immoral and humanly wrong thing that  
24 I did."

25 And I agree one hundred percent.  
26 I think anybody -- most people I know in university  
27 are on the streets, or up in any of the literature,  
28 are not going to be convinced by a jail sentence, or  
29 any laws to the contrary against them, that marijuana  
30 is somehow a bad thing.



1 But to get -- so I think there  
2 are other people here who have things to say. To  
3 get to your point I think the distinction between  
4 a trafficker as a certain nature, and a distinction  
5 between the drugs, whether or not -- well you are  
6 not going to talk about a distinction between two  
7 different things.

8 It seems to me that someone  
9 who traffics knowledgeably and has full knowledge  
10 of what the drug would do to people and so on, in  
11 heroin, in speed and so on, will tend to be a different  
12 type of person, than the person who traffic  
13 knowledgeably in marijuana and hashish remembering  
14 all the time that marijuana and hashish is exactly  
15 the same thing, derivatives of the cannabis sativa  
16 plant, and this I think was pointed out by the girls.  
17 And I would just like to point out as a citizen of  
18 the community, I think this Commission is a very good  
19 thing, and I don't know to what extent people recognize  
20 the responsibility that you have to people like  
21 these girls, to people like yourself, people like  
22 me, but it is a tremendous responsibility and you can  
23 either accept it for what it is, or somehow bow under  
24 the pressures of the system to keep the old inertia  
25 going and, you know, I respect you for doing this  
26 job, and I think it is tremendous that these people  
27 have taken the time to give us their opinions which  
28 seem to me to be valid right down the line.

29 THE CHAIRMAN: Thank you.

30 THE PUBLIC: That is all I have



1 to say.

2 THE CHAIRMAN: Are there  
3 others who would like to speak?

4 THE PUBLIC: I was scheduled  
5 to appear at 4:00. Do you wish me to wait until  
6 I finish this?

7 THE CHAIRMAN: Excuse me.

8 THE PUBLIC: Mr. Mahoney.

9 THE CHAIRMAN: You are Mr.  
10 Michael Mahoney, are you?

11 THE PUBLIC: That is right.

12 THE CHAIRMAN: Well, I think  
13 perhaps we are ready to conclude very soon here.  
14 Can you wait?

15 THE PUBLIC: I shall.

16 THE CHAIRMAN: Thank you very  
17 much.

18 Dean Campbell?

19 MR. CAMPBELL: The question I  
20 would like to raise is, the attitude you had prior  
21 to the time of your arrest, about the probability  
22 of arrest?

23 Was this something you lived  
24 with a good deal, or did you think the probability  
25 of arrest was pretty low?

26 MISS MacDONALD: We are having  
27 difficulty hearing.

28 MR. CAMPBELL: It is a question  
29 I have raised with a number of people in your  
30 position, and that is just how you felt about the





1 law prior to you being arrested, in terms of the  
2 possibility of your own arrest.

3 Was it something that was with  
4 you most of the time, or that you felt the probability  
5 was low enough that you could decide?

6 DEBBIE: I don't think that ---

7 THE CHAIRMAN: I think I can  
8 hear you a lot better if you leave that thing alone.

9 Can the others hear?

10 DEBBIE: If I held my hand  
11 still it would be better.

12 No, I didn't think about the  
13 law -- about being arrested, because I didn't think  
14 that I was doing anything bad. I think that if I  
15 had thought that I was doing something morally wrong  
16 then I would have been afraid of the law, because  
17 I would have had a guilt complex to contend with at  
18 the same time, but I didn't feel that what I was  
19 doing was wrong.

20 I was very familiar with the  
21 drug I was dealing with. I didn't think, or have  
22 any guilt complex about the passing of this drug  
23 on to anyone else, because I knew that they wouldn't  
24 come to any harm.

25 This is my own personal case,  
26 because I know I have dealt in that particular  
27 drug, hashish, and so I wasn't afraid of the law in  
28 that way. I didn't run from it, because I felt that  
29 too many people are running now.

30 They are not sure whether marijuana



1 should be legalized, or not, and rather than stand  
2 up and say they are not sure, or speak on behalf of,  
3 or against marijuana, they will run from the question.

4 Now, I didn't want to run; I  
5 didn't feel that what I was doing was wrong; I knew  
6 that there was a probability, or a chance that I  
7 may go to prison for what I was doing, but I wasn't  
8 particularly afraid of that.

9 If I had been doing something  
10 that I felt was morally wrong, something that I  
11 couldn't live with myself for doing, then I would  
12 have been afraid -- not of the law, but of myself.

13 I think that is my answer.

14 MR. CAMPBELL: Do either of  
15 the others have any point?

16 ELIZABETH: I think the same  
17 thing Debbie was thinking. If I got caught doing  
18 something morally wrong or something, I know it is  
19 a crime you know, I know there is something bad, and  
20 I know I have to go to jail for it if they catch me.

21 But these drugs -- I never  
22 thought about going to jail, I didn't think anything  
23 bad about it.

24 DOROTHY: No, I never thought  
25 about going to jail. I just never thought about  
26 going to jail.

27 I guess I knew in the back of  
28 my mind that there was a probability, or a chance,  
29 because I knew it was illegal, but I just never  
30 connected it to myself.



1 THE CHAIRMAN: Any other  
2 questions?

3 Thank you very much, Miss  
4 MacDonald, and ladies.

5 Thank you for your help.

6 Mr. Mahoney? Would you like to  
7 sit at the table?

8 MR. MAHONEY: I think one of  
9 the difficulties that you are facing in trying to  
10 find the area of usage or trafficking, and the  
11 penalties involved, is a very difficult one. I  
12 think we have to go back a little bit further and  
13 take a look at the society we live in from the point  
14 of view of whether the citizens assume a moral and  
15 legal responsibility to the laws of that particular  
16 community they are living in.

17 If they decide to break these  
18 laws because they don't agree with them as individuals,  
19 they may be subject to a penalty.

20 But if they get to a point whereby  
21 conspiracy, or in this case by trafficking and use  
22 many other people to break these laws or statutes,  
23 they then, I think, are in a very (inaudible)  
24 position, and are entitled to a little more severity  
25 because it is conceivable a lot of people can be  
26 induced to go along with law breaking without  
27 realizing the full implication of their actions by  
28 others who may have pressured, or may be a more  
29 profitable.

30 This is why I think we should





1 look at the situation whether it is marijuana, or any  
2 other kind of addictive substance as being an  
3 expression on the part of either a small or a large  
4 minority of the population, who insist upon the  
5 right to do what they wish regardless of the  
6 statutes.

7 I think the measure of the  
8 greatness (inaudible) of any form of social  
9 life has to evolve on the amount of more responsibility,  
10 the legal responsibility each individual assumes.

11 There are a lot of people today  
12 involved in this question of marijuana and they feel  
13 they have the right to break this law to use these  
14 particular substances.

15 I would much rather see these  
16 young people refrain from using these substances, and  
17 petition the government to investigate these sub-  
18 stances and determine their potentiation with a view  
19 to possibly changing the law if these things are  
20 not harmful.

21 But if they deliberately smash  
22 or violate the statute, they are placing themselves  
23 in a bad position, and as a result of that we will  
24 be placed in the position of trying to review a law  
25 without being involved with the potentiality of the  
26 substance involved.

27 I would recommend as a private  
28 citizen, that it should be investigated by the  
29 government, and one of the things I advocate is an  
30 immediate, and all out research program on these



1 substances, and a follow up on users to determine  
2 what their conditions -- physical conditions would  
3 be, at various points.

4 This would have to be  
5 voluntary of course.

6  
7 To legalize marijuana  
8 such as liquor is to my mind wishful thinking,  
9 as we have a Liquor Control Act, and Tobacco Restraint  
10 Act, and nobody obeys either of those.

11 As far as the contention that  
12 marijuana, or hash, can lead people into using harder  
13 or more potent substances, particularly  
14 the opiate family, this I believe is not as relevant  
15 as it would appear to be.

16 There is a lot of talk that  
17 marijuana is not controlled by any syndicate, or  
18 organized criminal element, although this may be. But  
19 we do have statistics that seventy, or eighty percent  
20 using other substances did use marijuana or hash.

21 I am not saying this is  
22 indicative of the use of these substances, but there  
23 is a possibility when people are young and forming  
24 a mental or a psychological dependence on an escape  
25 mechanism, and when this particular substance is not  
26 available the dependence may still be there.

27 This situation we are facing  
28 right now in the State of New York which does threaten  
29 this particular province and the country at large, is  
30 that usage and trafficking in heroin on the streets



1     ation where a person does not like a statute or a law and  
2     they will break it, and induce other people to break  
3     it, and it is not too far to project that every law  
4     that is on the books at the present moment does  
5     restrain some of us from doing something we would  
6     like to do.

7                     The Minister of Health, Mr.  
8     John Munro, was alleged to have made a statement that  
9     "if a significant minority want marijuana, that we would  
10    be an irresponsible government if we did not supply  
11    the need".

12                    Now if this gentleman did make  
13    this statement, I take violent exception to it,  
14    because if we give the minority what they want, why  
15    don't we just remove all restrictions or protective  
16    laws, and let each person do as he pleases.

17                    We have a significant minority  
18    who occasionally involve themselves in rape,  
19    adultery, theft, and various other things. If you  
20    want to look at it from this point of view, why  
21    not just abolish any of these acts which would  
22    prohibit people from following their own faith, or  
23    habit patterns.

24                    I have a copy of this submission  
25    I would like to give your Committee asking for you to  
26    prevent the legalization of marijuana, and asking for  
27    amendment towards new legislation covering the sale  
28    of acid and speed, and asking for an educational  
29    program from the medical profession in the issuance  
30    of the addictive type of tranquilizers and such





1 substances.

2 I would like to present it to  
3 your Committee, for your consideration.

4 THE CHAIRMAN: Are these  
5 controls ---

6 MR. MAHONEY: I'm sorry, I  
7 can't hear you.

8 THE CHAIRMAN: On your  
9 recommendation of education, do you advocate controls  
10 over certain drugs?

11 MR. MAHONEY: In the educational  
12 or medical?

13 THE CHAIRMAN: No, before  
14 education. I thought I heard tranquilizer.

15 MR. MAHONEY: Yes, there are  
16 some of these prescription-type tranquilizers which  
17 are being used freely.

18 Some of them are unfortunately  
19 prescribed in large quantities by doctors for patients,  
20 and the patients of course, if they have an emotional  
21 condition, abuse the use of these substances.

22 MR. STEIN: In your submission  
23 to us, you talk -- well, "it is proposed to organize the  
24 community to combat this menace, to teach the youth  
25 that the law must be preserved for the greater good of  
26 all. We intend to protect them in spite of them-  
27 selves."

28  
29 What I am wondering is, is your  
30 particular concern with young people, or are you



1 also objecting to the use of drugs by the persons  
2 who are over the age of twenty-one?

3 MR. MAHONEY: I am personally  
4 involved with a lot of the youth, but I do object  
5 to the use of drugs except by prescription for  
6 specific purpose.

7 MR. STEIN: You object, I  
8 presume you are saying, to the use by other persons?

9 MR. MAHONEY: Yes, I object  
10 to it, to use by anybody, other than under prescription  
11 for medical purposes.

12 MR. STEIN: The same point; this  
13 is the last part of your brief---

14  
15 "They must be protected if  
16 necessary, or taught against their wishes, that they  
17 are the next establishment and they must prepare for  
18 the time when they will take over...if they continue  
19 at the present rate to opt out there will be nothing  
20 for them to take over..."

21 Have you given any thought  
22 to what should be done? What would you like to see it  
23 done.?

24 MR. MAHONEY: I think it can  
25 be put quite plainly, that if the young people  
26 realize that they represent almost fifty percent of  
27 the population in this country, they are going to be  
28 the next establishment, or the next government, the  
29 next civilization, and if we can get some medium  
30 of education for these people to realize that they



1 have to assume the responsibility for preparing  
2 themselves for the time when they do take over the  
3 society that they are living in the present.

4 In other words, you cannot do  
5 anything constructive by destroying the situation  
6 as it exists in our society, or becoming apathetic  
7 and refusing to contribute, but in the interim period  
8 with the young people, would prepare themselves so  
9 that when they do come of age to take over and  
10 function, we will be capable of producing a society  
11 which will remove and correct all of the errors of  
12 the present situation.

13 MR. STEIN: I am particularly  
14 interested in this (inaudible)  
15 and if necessary"

16  
17 When young people have been  
18 given information in relation to, for example,  
19 marijuana, which they thought -- I am saying what  
20 has been told to them  
21 regarding the experience that they had  
22 with the drug presuming that the information was  
23 not of a frightening nature, their experience does  
24 not jive with what they have been told, so they  
25 end up disbelieving in the integrity of all efforts  
26 made to communicate with them.

27 And I wonder what your reference  
28 to their wishes -- what is it you have in mind?

29 MR. MAHONEY: Hopefully somewhere  
30 of penetrating to this tremendous intelligence that





1 they have which at the present moment has been used  
2 in some instances in a negative manner. But if these  
3 young people could realize and get the concept that  
4 because somebody says a certain thing which they can  
5 prove wrong that you don't immediately become  
6 aggressive against that particular person, or institu-  
7 tion.

8                   You say I have maybe the  
9 intelligence, or point of view, of looking at it  
10 differently, and coming up with a different concept.

11                   If, in the normal course, my  
12 own experience is different, then I would have to  
13 consider is this based on my own metabolistic  
14 difference, my own body chemistry, and consequently  
15 I may not fit in with a normal pattern.

16                   There are so many things you  
17 have to equate. You can't just say that so and so  
18 doesn't know what they are talking about, because  
19 as each person is a different individual, and each  
20 person may experience a different experience in the use of  
21 these substances, but I think the important issue  
22 facing our society, is not the difference in the  
23 substances and not the difference in should we or not  
24 legalize, but how to prevent the society from using  
25 it as crutches.

26                   Is it possible that man can  
27 exist on his own strength, by using the rational  
28 capabilities which are part of his inherent nature,  
29 instead of deciding, "well, I want to use this so I can  
30 experience this impression".



1 has increased to the point where you get the  
2 municipal government there, or state government, to  
3 issue statistics that there are 82,000 heroin users  
4 primarily in New York City.

5 They estimate 100,000 users  
6 by this summer, at the rate the trend is going. They  
7 have arrested young people nine, ten, twelve, up to  
8 sixteen for trafficking in heroin.

9 The danger here is that the  
10 potential for profit in heroin is so fantastic that  
11 it encourages people to deal in this particular  
12 substance.

13 Now a lot of people say that if  
14 we legalize marijuana and hash, we will prevent  
15 people getting involved in heroin, or other substances.  
16 This again is a fallacy, because the records that  
17 they are coming out with in the State of New York  
18 and principally New York City, indicate that these  
19 young people in many instances have been using heroin  
20 for two, three or more years, and the fact that they  
21 have tried to stop the flow of marijuana has no  
22 bearing on the heroin.

23 Young people say this will put it in  
24 a criminal element with heroin. I am personally  
25 of the opinion that we should not legalize these  
26 substances. The people and government should get  
27 together and voluntarily refrain from using these  
28 substances, until we can determine their effective-  
29 ness, or not.

30 Otherwise we will be in a situ-



1                   And as I say, if we can establish  
2   an educational program, even if they don't wish to  
3   become involved at the outset, they might in time  
4   look at it from a different point of view.

5                   It is not the question of the  
6   chemical. It is the question of do they want to try  
7   it the hard way, by using what they have inherent  
8   in them, instead of using some other force which  
9   can alter what they have.

10                  This is my own personal conviction.

11                  THE PUBLIC: You are talking  
12   about personal responsibility, and people getting  
13   rid of crutches and learning how to develop them-  
14   selves. But you are saying that the only crutch in  
15   this instance here, at any rate, the crutch we are  
16   talking about is drugs, and you are not talking  
17   about -- you are talking about the crutches, if you  
18   want to call them that, of young people, You are not  
19   talking about the crutches of middle-aged people,  
20   other people, you are not talking about money and  
21   automobiles, and television sets and all the other  
22   kinds of crutches that we are talking about.

23                  Why don't we get rid of them too.  
24   And you also say that statistics show that ninety-  
25   seven percent of all the heroin users at one time  
26   also used marijuana. Well, statistics also show  
27   that ninety-nine and forty-four one hundredths percent  
28   of all axe murderers at one time used mashed potatoes  
29   therefore we should get rid of mashed potatoes. That  
30   kind of argument is ludicrous, and if you want to





1 be taken seriously, then you have to put forward  
2 some kind of serious argument, and that kind of  
3 thinking is just absolutely ridiculous.

4 Thank you.

5 MR. MAHONEY: I might remind  
6 the young gentleman he has just fallen into the  
7 trap I was just talking about by coming up with a  
8 ridiculous rebuttal to my ridiculous proposal.

9 I will tell you something if  
10 I may have the floor for a moment. The fact we  
11 are here, primarily here today, to discuss the  
12 question of drugs, we would presuppose we are not  
13 going to waste our time on tobacco and alcohol.  
14 I do grant that our society is living with crutches  
15 and materialism and everything, but this, in my  
16 opinion, does not give the next generation the right  
17 to use this as an excuse for doing something which  
18 is a repetitious pattern of what they are claiming in  
19 our society.

20 I would hope that they would  
21 come up with something more, in other words, don't  
22 repeat the pattern of our middle-aged society, don't  
23 become involved with the concept that everything is  
24 a status symbol, that money is the God, and booze  
25 is the great relaxation, or tobacco, or what have you.

26 But what I am more inclined  
27 to do, is trigger you people to understand that you  
28 have in your hands a way of changing society, not  
29 just reading the impression of the previous  
30 situation.



1 THE PUBLIC: Are you in favour  
2 of lowering the voting age?

3 MR. MAHONEY: I am in favour of  
4 lowering the voting age, because I think you should  
5 have the right, because here is what happened:  
6 Many of the decisions that are made  
7 now are going to affect your lives, and you have no  
8 say in those laws, and when you take over and undo  
9 these laws there is going to be an interim that is  
10 going to be disastrous. But the assumption of the  
11 legal voting age presupposes a maturity to decide  
12 what is better for society, rather than what is  
13 better for you, or I, as one individual.

14 This is something you have to,  
15 and we all have to consider. Unfortunately our society  
16 has a tendency to say, "What I want is the most  
17 important thing in the world."

18 And we have got to get away from  
19 this. Each person has to function as an independent  
20 unit for the benefit of something else.

21 This is what you can do. And  
22 you won't do it with these substances, any more than  
23 we have been able to do it with booze, or tobacco,  
24 or other things that we become involved in.

25 THE PUBLIC: That is fine, you  
26 know, but the point that was brought home so vividly  
27 today by the appearance of three people who are  
28 suffering unjustly under the present system, is a point  
29 that you just can't escape, you know.

30 Why aren't all alcohol, heavy



1 alcohol users, or alcohol pushers, if you will, you  
2 know, anybody who sells alcohol, the big corporations,  
3 that ruin so many home lives because of alcohol and  
4 alcoholism, which is psychologically and emotion-  
5 ally addictive, as marijuana, but also biologically  
6 addictive, but by Dr. Laverty's admission eight  
7 hundred cases only one hundred twenty-six --  
8 <sup>were</sup> eight hundred/alcohol cases he has had to deal with  
9 this year, and so what we are talking about, what  
10 this Commission is here to do, is try to remedy some  
11 of the existing injustices in our present set-up,  
12 and it was fairly apparent to me, and I think to some  
13 other people that presently injustices are being  
14 perpetrated within the judicial system that we are  
15 operating in; and I would be all for it if you say,  
16 "O.K., abolish all drugs."

17 And alcohol and nicotine are  
18 drugs, and make the whole thing illegal, which  
19 means liberate all the people like those three  
20 girls that you now have in prison, because they  
21 just don't happen to drink alcohol; they smoke  
22 marijuana instead.

23 These are major issues. You  
24 can't say, "Fine, you kids have a big potential  
25 in your hands, you can make up for errors that we  
26 failed on."

27 A point also raised by Dr.  
28 Laverty, and the girls it seems to me, that people  
29 using -- a distinction you didn't seem to make --  
30 that people using drugs today aren't just youth.





1 There isn't this great gap between drug users  
2 twenty-five years and under, but psychiatrists,  
3 doctors, lawyers, and so on of your age, and perhaps  
4 even older, are also using them, and the point is  
5 what are we going to do about remedying the situ-  
6 ation.

7 That is why the Commission  
8 somehow seems to me, was set up. We can't have  
9 this injustice being perpetrated where alcohol users  
10 and cigarette addicted people, people who are  
11 making money off of cigarettes, which obviously, you  
12 know, does cause death, or allow it to run around  
13 free and make great profits, and so on, whereas in  
14 order to stop a third harm coming into being we just,  
15 you know, completely lock up any other drugs  
16 and everything, anybody who tries touching anything  
17 else, any other form of drug.

18 MR. MAHONEY: I agree with  
19 your point. This we would have to take into con-  
20 sideration. The amount of abuse in the people  
21 trafficking in alcohol, they usually get a small  
22 fine.

23 Now people who are involved  
24 at present in using marijuana or hash, they come  
25 before courts, they usually get a fine, or are  
26 put on probation. The traffickers with whom they  
27 deal with go to jail.

28 Now I think personally that  
29 it is a severe indictment of our society when we  
30 put young people like this in your prison which is



1       designed for people who are recognized as what  
2       they call a "criminal mind" who will never be able  
3       to get out of the way of life that is against the  
4       law.

5                       Our government, who represent  
6       us as taxpayers, should immediately provide facilities  
7       to transfer these young people to complete their  
8       sentences in a rehabilitative system, or surrounding.

9                       The government should take a  
10      long look at what is going to be done with the next  
11      people who are picked up on trafficking in these  
12      substances. But it does not alter the point that  
13      as long as there is a statute on the books, the  
14      citizens are supposed to legally and morally obey  
15      that and refrain from being involved.

16                      This is a matter of personal  
17      decision that you have to make. But we must, and  
18      I agree with you, do something to these kids that  
19      are getting the short end of the stick, even though  
20      they have broken this law. Because the majority  
21      of them, they come out of there as confirmed  
22      criminals because of their environment. They feel  
23      up tight because they feel this law is stupid.  
24      But they are not assuming moral responsibility in  
25      refraining from breaking it. And the law says if  
26      you break it you pay the punishment, or the penalty.

27                      In this case, I don't agree  
28      with the penalty.

29                      I have submitted to this  
30      Commission a suggestion that first offenders, users,



1 be put on a system of probation, rehabilitation  
2 system of probation without a criminal record, but  
3 until some consideration is given, and some decision  
4 is made by young people, whether they respect the  
5 law or not, it should be an obedience. There should  
6 not be any convictions, there should not be any  
7 penal sentences involved on this until this Commission  
8 makes its report.

9 But if the person is trafficking,  
10 and trafficking knowingly, there you have a different  
11 situation because the trafficker knowingly can turn  
12 on underage children with these substances, as it  
13 has been done in most communities in this country,  
14 and across this continent.

15 That person knowingly for profit,  
16 is exploiting young children who may not be able  
17 to formulate a sensible responsibility with the law,  
18 but the ones that we have here should be removed  
19 from that situation, and there should be special  
20 facilities for them.

21 But then the government should  
22 state categorically that as of this date, anyone  
23 who knowingly involves themselves in trafficking will  
24 receive the sentence, as the law stands.

25 In other words, declare a  
26 moratorium to get this thing out, but make it on  
27 the ground the responsibility is then yours;  
28 are you going to abide by the law, or are you going  
29 to break it?

30 THE PUBLIC: Mr. Mahoney, I





1 would like to remind you, that within our system in  
2 North America , and Western Europe, associated with  
3 any ideas of criminality there are usually two  
4 factors involved; one, the person who commits that  
5 criminal act, and secondly, the victim to which that  
6 act was committed.

7 The case of marijuana use, there  
8 is no victim involved except that person who  
9 individually decides to take it in his activity.

10 So I would ask you how you, or  
11 from what pool of truth that you would suddenly  
12 decide that you should force against it some person's  
13 will as you termed it, that his moral decisions for  
14 an action in which there is no victim, but himself;  
15 what pool of truth do you draw from to make that  
16 decision?

17 MR. MAHONEY: And there is no  
18 action except against himself?

19 THE PUBLIC: That's right.

20 MR. MAHONEY: Well, this may  
21 sound like a rather far fetched analogy, but there  
22 is a law against attempted suicide, and this is  
23 an act against yourself, not against society, and it  
24 is against society.

25 Now a person who traffics for  
26 sale to a young person, and believe me there are  
27 youngsters nine, ten years of age, who are being  
28 offered these substances. These youngsters may  
29 think it is a gas to try it, it is new, a lot of  
30 people are doing it.



1 I have been suggesting that young person is a victim,  
2 because of their age.

3 THE PUBLIC: Is this a product  
4 of the nature of the drug, or is it a quality of the  
5 method of distribution of the drug?

6 MR. MAHONEY: I don't think it  
7 is involved with the quality of the drug, or the  
8 method of distribution.

9 THE PUBLIC: It is not the  
10 problem of distribution?

11 MR. MAHONEY: I could be wrong,  
12 but I speak for myself, and I think that a person  
13 who approaches a younger child who sells any sub-  
14 stance, whether it is addictive, or not, is  
15 questionable as far as the health, or well being,  
16 of that child is concerned. To my mind that person  
17 is seducing that child, and the child is not in a  
18 situation to make a legal, or moral decision as to  
19 the actions.

20 THE PUBLIC: So whether it be  
21 his older brother who is offering him his first  
22 cigarette, or first drink ---

23 MR. MAHONEY: The first thing,  
24 I would suggest they charge that person with  
25 molesting a minor. This may sound far fetched, but  
26 just think of the implication of somebody's  
27 responsibility obtaining someone else on, or exposing  
28 them to something that could establish the pattern  
29 that might be a life time habit, or would initially  
30 teach them a lack of respect for the law, for the



1 society they are living in.

2 THE PUBLIC: I wonder if I could  
3 remind you of much of the socializing process that  
4 goes in the establishment as far as motivations  
5 go; that is, the profit motive.

6 Given a method of distribution  
7 of drugs, that is, illegally, illicitly, in the  
8 underground there is, a good deal of trafficking  
9 is clearly profit oriented.

10 Now, do you see the possibility of  
11 maintaining the legal status of the drugs. Given  
12 the opinion of the three incarcerated ladies today,  
13 that is, they have made a moral decision on the  
14 drug, and all of the number of years they spent in  
15 a punitive institution aren't going to change their  
16 moral decisions.

17 How can you, for a minute,  
18 maintain that a continual suppression of this drug  
19 can lead to any alleviation of the problem, as you  
20 see it?

21 MR. MAHONEY: I think you  
22 are becoming confused in your motives there, if I  
23 may say so.

24 You are equating the fact  
25 they have a sentence to serve because they accordingly  
26 themselves made a moral decision, and became involved.

27 You are saying, "Now how can I  
28 equate this with continuing the law"?

29 THE PUBLIC: No, I am not saying  
30 that. I am saying, if you want to avoid the traffick-





1 ing of dangerous drugs to minors, then if you keep  
2 the drug traffic underground, illicit, then of course  
3 there are a lot of profit oriented people in this  
4 world, that if a kid has the dollars he is not going  
5 to differentiate between an age basis, he is going  
6 to differentiate on the dollar basis.

7 MR. MAHONEY: Don't you think  
8 that is an indictment of the society, young or old?

9 THE PUBLIC: Not of the  
10 individual, or perhaps this profit orientation. Now  
11 a lot of this particular trafficking that is going  
12 on, is in the hands of the young people, and these  
13 young people have to assume responsibility for their  
14 own actions. Otherwise there is no point in trying  
15 to continue civilization as we are hoping to do.

16 You have to, I think, make a  
17 conscious decision whether you are going to right  
18 the wrongs in society, and make it a society in  
19 which the human factor is the most important, and  
20 this would eliminate your traffic, and this would,  
21 I believe, eliminate these people who argue about  
22 it constantly. Or are you going to continue this  
23 material self-centered society in which each person  
24 can make a decision to knowingly violate the law,  
25 and endanger the rest of the population, if you  
26 want to be so bad.

27 It is a moral decision that  
28 has to be made.

29 THE PUBLIC: Society is a  
30 (inaudible) , it is an entity unto itself.



1 It is similar to a lot of what I have seen on  
2 American television, that we can tell you that  
3 marijuana is illegal, watch out, you are in danger  
4 if you have one smoke, and that is one argument that  
5 one can use in discussing a problem like this.

6 MR. MAHONEY: This is the point,  
7 you see, the mass media is here to make everybody  
8 a consumer.

9 This has to change, and you are  
10 the people who are going to change it.

11 But getting back to the question  
12 of legalization, I think that if our government did  
13 decide to legalize marijuana and hashish before the  
14 whole story is known, we might, five or ten years  
15 from now, find ourselves in the same position with  
16 alcohol and tobacco.

17 I say we might. This is my  
18 personal opinion. We don't have statistical or  
19 medical facts that we can lay on the line and examine.

20 THE PUBLIC: Do you know why  
21 you don't have the facts? The medical profession hasn't  
22 even been able to study marijuana.

23 Just three months ago, you know,  
24 that's a ridiculous level of consciousness that  
25 decision makers are at.

26 MR. MAHONEY: That is right, I  
27 agree with you; but isn't it an important matter of our  
28 society that they will spend so much time on this,  
29 when there are so many things that must be explored  
30 that would affect mankind.



1 I would like to rather see the  
2 money spent on this damn research, spent on research  
3 that will -- spent on physical defects.

4 THE PUBLIC: Just transfer the  
5 money from the narcotics agents.

6 THE PUBLIC: So on this basis  
7 you advocate legalization.

8 THE PUBLIC: No, that's not it.  
9 You are saying you shouldn't investigate it because  
10 it will cost too much money.

11 MR. MAHONEY: But why do you  
12 need the bloody stuff? Why do you have to spend  
13 millions of dollars on research? Why do we need it?

14 THE PUBLIC: Because we have  
15 three people sitting here that it is taking three  
16 years or more out of their lives, because we are  
17 saying it is morally wrong. That is enough reason  
18 for me.

19 MR. MAHONEY: Do you subscribe  
20 to the theory that some day you will have to answer  
21 for what you did, or did not do?

22 THE PUBLIC: No.

23 MR. MAHONEY: Well then some  
24 day you will have to answer for it.

25 THE CHAIRMAN: Gentleman at  
26 the microphone.

27 THE PUBLIC: I would just like  
28 to make a submission to the Commission, that what  
29 is going to happen is if you do legalize marijuana  
30 and if the laws aren't changed with regard to the





1 state, because right now you have got to face  
2 reality; that there are probably millions in North  
3 America who smoke marijuana, and who have all decided  
4 that it is harmless for them.

5 They are going to go ahead and  
6 do it, regardless of what the law says. And when  
7 they make the decision that is quite a serious  
8 decision, because as soon as someone smokes one  
9 joint of marijuana then they know that the cops, and  
10 the legal system, and the lawyers and the judges  
11 want to put them behind bars, and that is really  
12 serious to be behind bars and to have your freedom  
13 curtailed.

14 Now for smoking one cigarette,  
15 that is really taking quite a step. By doing that  
16 you are saying, "O.K., I know the cops and the  
17 judges want to put me <sup>in</sup> jail just for this."

18 Now there seems to be -- I don't  
19 know if it is verifiable, but there seems to be an  
20 attitude that people can do something like that thing,  
21 that history proves everything, so to speak. It will  
22 be proven that what I have done will not, in the  
23 long run, be considered harmful to mankind.

24 And if you try to impress people  
25 with things like that, you -- the same as history  
26 that will absolve this with Fidel Castro in which  
27 he made his move to overthrow Cuba, and his attitude  
28 towards authority, which he had been wrestling to  
29 begin with, his determination to resist it harder.

30 Now the other situation, to



1 continue, you are going to find it harder among the  
2 young people for the authorities in Canada particularly  
3 towards the members of the police; every kid wants  
4 to be a Mountie when they are young; but how many of  
5 them want to be Mounties now? Not very many!

6 Now unless this Commission  
7 can decide that this situation should <sup>not</sup> remain like  
8 it is, then in a couple of years you will never find  
9 a kid who wants to be a Mountie, because they will  
10 all know that if the Mounties don't want to put  
11 them behind bars they want to put their friends  
12 behind bars, and that's quite more serious if you  
13 see something like those three girls who had taken  
14 marijuana, they are behind bars, and that is just  
15 what the law wants to do to whatever percentage it  
16 is of our young people, fifteen, twenty, thirty.

17 And there is not even enough  
18 room for them. So it seems to me sort of ridiculous  
19 as to what you are going to do.

20 THE PUBLIC: Sirs, I think  
21 that man supposedly is a rational animal, and  
22 supposed to be the most rational, so therefore it  
23 seems to me that law -- I mentioned earlier this  
24 morning that United States laws regarding drugs  
25 were compiled on disinformation, rather than  
26 information, and I would be most concerned about  
27 the sensationalism which impresses, and what Mr.  
28 Mahoney has just said, and said that in a matter of  
29 three or four months, this coming summer, the number  
30 of heroin addicts in New York City will jump twenty --



1 by twenty thousand. And if I am not mistaken, there  
2 will be some eighty thousand addicts in New York City.

3 In 1963 the Federal Narcotics  
4 Bureau of the United States did a study, and this  
5 was not even a definitive study at the time, and they  
6 were willing to (inaudible) the organization, and  
7 they were willing to admit there were ten thousand  
8 addicts in New York City and only forty-eight  
9 (portion unintelligible)

10 'said that only ten percent of illicit heroin coming  
11 into the United States was intercepted, and that using  
12 that percentage, which they admittedly did, the ninety  
13 percent getting it was more than enough to feed the  
14 habits of over a quarter of a million addicts, which  
15 on the whole would mean that <sup>in</sup> 1963 New York  
16 only had some ninety-thousand heroin addicts, that  
17 people in power have been sitting on these figures  
18 just waiting for something to come up like this, so  
19 they could use their scare tactics. And I think this  
20 is the way our laws have been made in this area  
21 because it is a rational theory, and I hope that you  
22 people are going to do something about it.

23 I don't think anybody is going  
24 to pay attention to your report, the politicians,  
25 and that is a very ringingly clear statement.

26 I don't think the Royal  
27 Commissions before, that have been appointed, I don't  
28 know if that is why you have been appointed, you have  
29 a lot behind you, and you can influence the whole  
30 country if you are going to put yourselves to the task.





1 MR. MAHONEY: Those statistics  
2 quoted are available from the Department of Health  
3 in New York City, and I am sure this Commission  
4 could have access to them. They predicted that there  
5 would be one death per day in the city of New York  
6 and as of the 1st of February they are clocking three  
7 overdose deaths among heroin users in the city of  
8 New York. These are not my statistics.

9 THE PUBLIC: These statistics  
10 are from the 1966 report from the government on  
11 narcotics, which differs quite a bit from the  
12 non-government.

13 MR. MAHONEY: Let's put it  
14 this way. Statistics can be blown up, and manipulated.  
15 But the important issue is, why do people need  
16 drugs? And this Commission, I think, is empowered  
17 to rule on what is best, or better for the society  
18 as a whole.

19 And if a certain minority don't  
20 wish to go along with what the rest of society  
21 wants, then I must say that minority may have to  
22 take the consequences of their own actions.

23 If the minority of society  
24 feel they have the right to use drugs, want to use  
25 them, I don't think they should jeopardize the rest  
26 of society.

27 If they make a moral decision  
28 to use them, then let them stand by their decision  
29 and face the consequences.

30 But let us protect the younger



1 generation coming up. I know you can get up tight  
2 about my feelings, but this is the way I feel, and  
3 I can't be any different.

4 I respect you for the way you  
5 feel, but I don't agree with you.

6 THE PUBLIC: I will just take a  
7 moment, since I was going to make a written submission,  
8 and I will submit this in written form.

9 THE CHAIRMAN: Well, Mr. Mahoney,  
10 I think perhaps we should release you.

11 Thank you very much for your  
12 assistance.

13 MR. MAHONEY: No penalty  
14 involved?

15 THE CHAIRMAN: Mr. Doraty of  
16 the Canadian Rehabilitation Association is the last  
17 submission of the day.

18 MR. DORATY: Mr. Chairman, I  
19 believe that you have my submission, and I think  
20 we have plenty today that goes along with my  
21 submission.

22 I think that what we have  
23 heard in the opinion of the youth ---

24 THE CHAIRMAN: Would you please  
25 hold the microphone closer, Mr. Doraty?

26 MR. DORATY: I think the  
27 opinions of the youth are in the main, those of  
28 myself.

29 I have to look on the total  
30 society picture, the alcohol, the barbiturates--



1 by your own definition of drugs you included these  
2 in.

3 I think that you, possibly,  
4 my generation is not telling them the truth to say  
5 "Do as I say, but don't do as I do."

6 I used alcohol; I used morphine;  
7 I used speed; I used marijuana; and eventually this  
8 led to a criminal record. Some of these things  
9 were illegal. I misused them.

10 My feelings are today, that had  
11 I known, say, back in the '30s what alcohol and what  
12 these other drugs would do to me, I might possibly  
13 have had a chance to go straight.

14 I think this is what we are  
15 facing today, in misuse of all drugs, whether you  
16 call them organic, chemical, whatever.

17 Percentages have been quoted;  
18 statistics have been quoted. Indications are that  
19 research programs should be instituted. I agree with  
20 this.

21 But to me it is not primary. We  
22 have had research of alcohol for over thirty years,  
23 and we have come up with very little answers. I have  
24 always claimed that use was not in the power of  
25 the person. I have to come out in favour of legality  
26 of all drugs.

27 Let's get the problem out in  
28 the open. Let the government control the manufacture,  
29 let the government control the sale, let the govern-  
30 ment control -- I am talking about the municipal and





1 provincial levels -- control the educational  
2 programs, the quality, the hospitalization,  
3 the rehabilitation and recovery programs, and finally  
4 let's do some research where people can come out  
5 openly and declare themselves.

6 I think the youth of today  
7 are the youth we are worried about today, if you  
8 bear me out. People they are concerned about are  
9 possibly their own children.

10 I think when they think deeply  
11 about the problem, what kind of a society are we going  
12 to make for our own children. This is my concern.  
13 I know that alcohol, what it did to me, I certainly  
14 don't want to pass on twenty years from now to  
15 children, if we don't institute these programs that  
16 I have mentioned, and if we don't legalize all the  
17 drugs, heroin included, because users are all social  
18 things.

19 The users are simply in a social  
20 field. The criminal situation comes in in the pushing,  
21 the organized crime. This is where the legality of  
22 misuse of drugs is.

23 I think that this Commission  
24 should recommend to our Federal Government this  
25 legality, and in turn it should be passed on to our  
26 medical schools, our schools of psychiatry, our  
27 nursing schools, all branches of education about  
28 alcoholism, about drug use.

29 I think these professions know  
30 very little about people who do know something about



1 it, either becoming an alcoholic and are they becoming  
2 drug users.

3 Is alcohol -- in many countries  
4 they are recovering from alcoholism. In many  
5 countries -- we have many countries where they have  
6 drug users who will recover. These people can tell  
7 you about these products.

8 I think one of the questions  
9 of the Commission should be what percentage of people  
10 are actually going to misuse these products. Let  
11 us look at the alcoholic. Fifty-nine percent, or  
12 maybe fifty-seven percent of the adult, or drinking  
13 population is using  
14 alcohol today. They could be babes in arms, etc.  
15 That we have five hundred thousand addicts, if you  
16 wish, victims of alcoholism and they in turn affect  
17 other people betwixt two million people, one-  
18 tenth of our population.

19 Is this the situation that is  
20 going to exist in the drug situation? I doubt it!  
21 If you legalize it now, and we institute firm  
22 education programs, firm rehabilitation recovery  
23 programs, and then follow all this with the research,  
24 and at any time I can see no point to make a moratorium.

25 I know that no government is  
26 going to commit political suicide. At least we  
27 have people say we can't go as individuals in our  
28 service clubs, in our social clubs, in our programs  
29 of education to have the government do something  
30 about it, because <sup>of</sup> misuse or non-medical use of drugs..



1                               That is about all I have to  
2 say, Mr. LeDain.

3                               THE CHAIRMAN: Mr. Doraty,  
4 when you say legalize all the drugs, I just wanted  
5 to understand exactly what you contemplate in the  
6 way of availability.

7                               Do you mean they should be all  
8 available through government controlled channels  
9 and introduction of supply; and if so what conditions?

10                              What do we visualize as the  
11 system of availability?

12                              MR. DORATY: The availability,  
13 I think, would have to go much along the British  
14 lines to begin with in the case of heroin. I can  
15 envision purity and potency being controlled, for  
16 instance, in the case of marijuana. If the underground  
17 can manufacture LSD, I don't see any reason why  
18 they can't manufacture it federally.

19                              I don't envision L.C.B.O.s.  
20 I don't envision the tobacco manufacturers in any  
21 way getting its fingers on the marijuana trade. I  
22 think this has to be a carefully worked out  
23 program. Even though I am a non-professional I have  
24 to relate to a professional in co-operation to work  
25 this out.

26                              I am not presenting any hard  
27 and fast situation at this time, I am only proposing  
28 that clear thinking has to predominate.

29                              THE CHAIRMAN: Do you have  
30 any idea of what the conditions of the availability





1 would be? Would there be any restrictions so far  
2 as age is concerned?

3 What would be the conditions  
4 for getting these drugs?

5 MR. DORATY: You are asking me  
6 a very hard question.

7 THE CHAIRMAN: I wonder if you  
8 could have thought of this since your proposal is  
9 very -- I don't want to use the word "sweeping" but  
10 it is radical.

11 MR. DORATY: I didn't get  
12 your last remark.

13 THE CHAIRMAN: I just said  
14 your proposal was -- I think one could fairly call  
15 it radical, because you say legalize all the drugs,  
16 and I just wonder if I could have your position as  
17 to how they would be made available.

18 MR. DORATY: I could answer  
19 that, which might clear up in part what Mr. Mahoney  
20 has said, but I would say a clear-cut answer would  
21 be a person who is able to use a drug when they  
22 are psychologically, emotionally and financially  
23 able to use it, but this is of course the way to  
24 handle it.

25 We talk about the age of  
26 twenty-one for liquor, which is ridiculous. I think  
27 a young person should be able to use alcohol, poss-  
28 ibly be brought up with it.

29 There are people in Canada  
30 and throughout the world who have very little



1 problems with alcohol. This has been said to me by  
2 many members of the Jewish race. You define  
3 marijuana -- I know I began smoking when I was around  
4 ten years of age, cigarettes, that is, tobacco. I  
5 used marijuana first when I was around sixteen or  
6 seventeen. That would be in the mid '30s.

7 To answer clear-cut, I would  
8 have to go with sixteen years of age on marijuana.  
9 To say that I was going to allow a person to use LSD,  
10 and this would have to be a very, very controlled  
11 situation, I would say that the present users of  
12 the government  
13 LSD, could come forward with no punitive measures,  
14 I think they would have to establish with the medical  
15 profession that they could continue on without this  
16 (inaudible) such as the same things as  
17 with heroin.

18 Does that answer you in part?

19 THE CHAIRMAN: Yes, thank you.

20 Are there any questions?

21 If not, I would thank Mr. Doraty.

22 Thank you very much.

23 And I would declare this hearing  
24 in Kingston terminated.

25 Thank you all for your assistance.

26 --- Upon adjourning at 5:15 P.M.  
27  
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